



Heartland Health Region's Annual Report



2011-2012



Annual Report to the Minister of Health
For the 2011-12 Fiscal Year Ended March 31, 2012

OUR VISION

Healthy People, Healthy Communities, and Service Excellence in an Enduring Health System



OUR MISSION

To be responsive and innovative in supporting people and communities in rural Saskatchewan in their pursuit of optimal health.

OUR VALUES

- **Compassion**
- **Respect**
- **Collaboration**
- **Stewardship**
- **Excellence**

OUR STRATEGIC DIRECTIONS

- **Improving the health of individuals, families and communities and providing clients with the best possible care experience**
- **Excelling at processes to achieve operational and service excellence**
- **Creating healthy workplaces and environments that support safety for all and quality care**
- **Managing health care resources to ensure future provision of appropriate services**

Table of Contents

Letter of Transmittal	1
Overview of the Annual Report	2
Vision, Mission and Values	2
Regional Strategic Plan	2
Heartland Health Region Overview	4
Governance and Transparency	9
Our Region	14
Health Behaviours and Lifestyle Factors	16
Healthcare	20
2011-2012 Results at a Glance	22
Pillar One - Health of the Individual and Population	25
Pillar Two - Supportive Processes	42
Pillar Three - Providers	51
Pillar Four - Sustainability	59
2011 – 2012 Performance Results	60
Future Outlook/Emerging Issues	77
Payee Disclosure Lists	82
Management Report	90
Financial Statements	91

Table of Figures

Figure 1: Heartland Map of Facilities	3
Figure 2: Organizational Structure	6
Figure 3: HRHA Board	9
Figure 4: Heartland Health Region Population (2011)	14
Figure 5: Perceived Health	16
Figure 6: Physical Activity	17
Figure 7: Body Weight	18
Figure 8: Current Smokers	18
Figure 9: Fruit and Vegetable Consumption	19
Figure 10: High Blood Pressure	20
Figure 11: Influenza Immunization	20
Figure 12: Regular Medical Doctor	21
Figure 13: Distribution Full Time Equivalents by Affiliation- 2011-12	51
Figure 14: Heartland Employee Engagement Survey Results	53
Figure 15: Best Possible Hospital	61
Figure 16: Communication with Nurses	62

Figure 17: Communication with Doctors	64
Figure 18: Wait Time for Surgery	65
Figure 19: Surgery Wait Time Exceeding 12 Months	66
Figure 20: Outpatient and Inpatient Surgical Volume Targets	67
Figure 21: Average Percent of Compliance With Entire Surgical Safety Checklist ...	68
Figure 22: Percent of HC Clients Receiving Formal Med Rec on Admission	70
Figure 23: Percent of LTC Clients Receiving Formal Med Rec on Admission	71
Figure 24: Percent of Acute Clients Receiving Formal Med Rec on Admission	71
Figure 25: Sick Leave Hours per paid FTE	73
Figure 26: Wage Driven Premium Hours per paid FTE	74
Figure 27: Vision Triangle for the Ministry of Health	81

Table of Tables

Table 1: Summary of Acute, Long Term Care and Program Beds in the Heartland Health Region Facilities (2011-12)	7
Table 2: Statistical Data for 2011 – The Year at a Glance	8
Table 3: Heartland Health Region Long Term Care: Key Statistics (2011-12)	36
Table 4: EMS Calls in Heartland 2011-12	37
Table 5: Summary of Public Inspection Levels for Licenced Facilities	42
Table 6: Summary of Surgeries	69
Table 7: Operating Surplus	74
Table 8: Physician Resources	78

Access the Annual Report online at:
<http://www.hrha.sk.ca/annualreport.htm>

Letter of Transmittal

To: The Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan;

The Heartland Regional Health Authority (HRHA) is pleased to provide you and the residents of the health region with the 2011-12 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2012.

The Heartland Health Region (HHR) had many successes during the fiscal year. The overall success of the HHR is gratefully attributed to the dedication and commitment of the employees and medical staff of the Heartland region, investments from the Province of Saskatchewan, as well as the generous residents who give unstintingly of time and money to ensure that they, their families and their neighbours have access to quality health care.

Respectfully submitted,



Richard Anderson
Chairperson



Overview of the Annual Report

The 2011-2012 Annual Report will highlight successes and challenges we have had during the past year. It will outline some of the programs and initiatives we have been working on throughout the region. The report will also show how our programming and services align with the Ministry of Health's Strategic Operational Directions and our own Strategic Plan – Destination 2015.

In the Heartland Health Region, we are committed to offering services in a way that ensures access while facilitating teamwork and communication at every junction. The region has been working hard to recruit and to retain the talented professionals required to establish and to maintain levels of service. Continuous quality improvement and a commitment to the safety of our clients and staff will ensure we excel at what we do. By working together with all stakeholders we can remain accountable and transparent while moving forward (together) as partners in shaping the future of our healthcare system. We cannot predict the future environment within which we will exist; however, when planning for anticipated change we can consistently put the clients' needs and wishes first.

Did You Know?

On a yearly basis, Heartland Health Region:

- Admits more than 3,031 acute care patients to hospital;
- Provides more than 1,253 surgeries, including diagnostic procedures;
- Has more than 40,374 ambulatory care and out-patient visits;
- Responds to more than 3,450 emergency medical service calls (EMS);
- Conducts over 19,616 X-Ray tests;
- Conducts over 370,442 Laboratory tests;
- Provides more than 4,574 doses of influenza vaccine to populations over age 65;
- Provides service to more than 1,983 home care clients;
- Provides residential care to more than 487 residents in long term care;

Vision, Mission and Values

The region adopted a new vision, mission and values statement in April 2010. "Healthy People, Healthy Communities, and Service Excellence in an Enduring Health System" is the vision. The mission is "To be responsive and innovative in supporting people and communities in rural Saskatchewan in their pursuit of optimal health." Our values are Compassion, Collaboration, Excellence, Respect and Stewardship.

Regional Strategic Plan

The Heartland Regional Health Authority (HRHA), also known as the Heartland Health Region (HHR) is responsible to deliver health care services to citizens living within its borders. On April 1, 2010, the Authority implemented a five year Strategic Plan – "Destination 2015". The Strategic Plan was developed with consideration of the current environment in the health care system, alignment with the Ministry of Health's Strategic Operational Directions (SOD),

Accreditation Canada standards, an environmental scan of the region, the health status of Heartland residents and input from staff, physicians and communities. This past year the region was in the second year of our Strategic Plan. In March of 2012, the Ministry of Health unveiled a new Health Plan for 2012-13. Information about Strategic Planning for the Saskatchewan health care system and the Ministry of Health Plan for 2012-13 is available on the government website: www.health.gov.sk.ca/strategic-direction.

The regional strategic plan discusses our major areas for focused improvement in four strategic pillars. Processes will also be in place so that we can adjust and modify our plans in order to realize opportunities and/or mitigate emerging risks.

Strategic Pillars:

- Pillar One: Health of the Individual and Population
- Pillar Two: Supportive Processes
- Pillar Three: Providers
- Pillar Four: Sustainability

For more on Heartland's Strategic Plan see page 26....

Figure 1: Heartland Map of Facilities

eh00071
Saskatchewan



Heartland Health Region Overview

Administrative Structure

Under the direction of the President/CEO, Heartland's four Vice-Presidents carry out the portfolio responsibilities of Health Services, Human Resources, Corporate Services, and Primary Health/Quality Services. The Senior Medical Officer is a key member of the Senior Leadership Team, providing guidance and advice that helps the region align programs and services with the professional skills of physicians practicing in the region. Further leadership and support for the portfolio responsibilities is identified in the Organizational Chart shown in Figure 2.

Programs and Services

Primary Health Care Services

Heartland Health Region views the Primary Health Care (PHC) model, a holistic way of responding to the health needs of area residents, as the way of the future in providing health care and services and promoting wellness. Teams will be client-centred, and service delivery will be integrated. The initiative is expected to stabilize access to health professionals by scheduling services that will be available routinely in our communities. Over time, Heartland will be able to better align teams and resources to meet the identified health care needs of Heartland citizens, thus using limited human and financial resources more sustainably. The Heartland Regional Healthy Authority is committed to clearly defining routes of access to primary, secondary and tertiary care so that available resources are assigned in the most efficient and effective way.

Hospital/Acute Care

Acute care services in Heartland are provided in six community hospitals (Unity, Kerrobert, Biggar, Rosetown, Outlook and Davidson) and one district hospital (Kindersley), as designated by Ministry of Health. The region's seven hospitals provided 82 designated acute care beds that offered services including emergency stabilization, emergency obstetrical, low-complexity surgeries and diagnostic services. Table 1 provides a summary of acute, long term care and program beds in Heartland Health Region, and their locations.

Continuing Care

Heartland and its affiliate St. Joseph's Health Centre provide Institutional Supportive Care (Long Term Care) services with 487 beds in facilities located in 14 communities (See Table 1). Requests for placement in Long Term Care facilities are prioritized based on need. Heartland's facilities offer an additional 58 program beds that provide respite, palliative, convalescent and observation programs.

Emergency Medical Services (EMS)

The Heartland Health Region has seventeen EMS sites. Sixteen of these sites operate a traditional EMS service and one site operates as an EMS Rover service. Of these seventeen sites, fifteen are region owned and operated. The two contracted EMS services are located in Beechy and Elrose.

Heartland EMS services responded to 3450 calls in 2011-2012. This is a regional increase of 69 calls from 2010-2011. The EMS sites are staffed with Emergency Medical Responders (EMRs), Emergency Medical Technicians (EMTs), Emergency Medical Technician – Advanced (EMT-As) and Emergency Medical Technician – Paramedics (EMT-Ps). There are 154 EMS staff employed in the region. The majority of these staff are on-call casual employees.

Home Care Services

Home Care provided a range of services including nursing, personal care, nutrition support, homemaking, palliative care, mental health support, home oxygen therapy and adult wellness clinics. Home Care also provided short-term acute care services on an as needed basis. Home care gave services to 1,983 clients in the 2011-12 year. There were 43,686 meals supplied to 364 clients during this fiscal period.

Community Services

The region continued to provide a wide range of programs to residents, including adult, child and youth counselling and psychiatric rehabilitation; addictions recovery and treatment services; public health nursing; public health inspection; public health nutrition and community dietician services; population health coordination; dental health education; speech/language pathology; occupational and physical therapy; and podiatry.

**Regional Health
Authority**

Figure 2: Organizational Structure

**President/CEO
Gregory Cummings**

**Senior Medical
Officer
Dr. Dave Ledding**

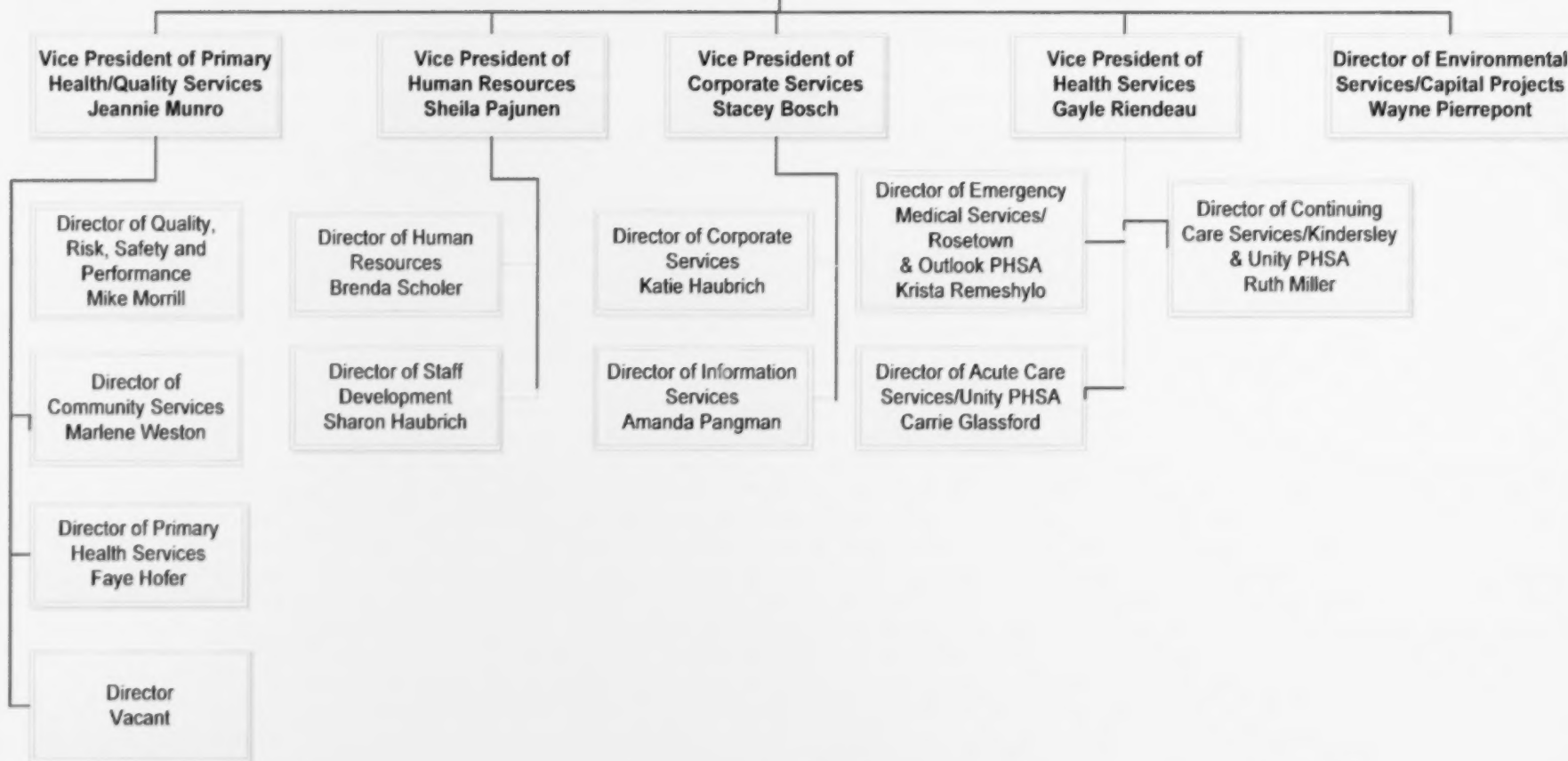


Table 1: Summary of Acute, Long Term Care and Program Beds in the Heartland Health Region Facilities (2011-12)

Facility	Program Offered	Acute	Long Term Care	Program	Total Beds in Operation
Hospitals					
District Hospital					
Kindersley Health Centre	Acute, Program	21	0	5	26
	LTC	0	78	2	80
Total District Hospitals		21	78	7	106
Community Hospitals					
Biggar Hospital	Acute	13	0	2	15
Davidson & District Health Centre	Acute, LTC, Program	2	30	6	38
Kerrobert Health Centre	Acute, Program	10	11	2	23
	LTC	0	24	0	24
Outlook Union Hospital	Acute, LTC, Program	10	42	5	57
Rosetown & District Health Centre	Acute Program	16	0	5	21
Unity & Dist. Health Centre	Acute, LTC, Program	10	32	3	45
Total Community Hospitals		61	139	23	223
Sub Total District/Community Hospitals		82	217	30	329
Health Centres					
Beechy Health Centre	Health Centre, M-F 5 days/week	0	0	0	0
Dinsmore Health Centre	LTC, Program (except) Stabilization (16 hrs/day)	0	18	3	21
Eatonia Health Centre	Health Centre, 5 days/wk	0	0	0	0
Elrose Health Centre	(LTC, Program (except observation & stabilization) (12 hrs per day)	0	30	3	33
Eston Health Centre		0	32	4	36
Kyle Health Centre	LTC, Program, Stabilization (16 hours/day)	0	17	3	20
Lucky Lake Health Centre	LTC, Program, Stabilization (12 hours/day)	0	17	3	20
Wilkie Health Centre	LTC, Program	0	29	5	34
Health Centres Subtotal		0	143	21	164
Special Care Homes					
Diamond Lodge	LTC, Respite	0	58	1	59
Rosetown Nursing Wing	LTC	0	21	0	21
Rosetown Wheatbelt Centennial Lodge	LTC, Respite	0	26	2	28
Special Care Home Subtotal		0	105	3	108
Total HHR Beds		82	465	54	601
Affiliated Health Centre					
St. Josephs- Macklin	LTC, Program	0	22	4	26
Grand Total					
		82	487	58	627

*Program beds include respite, convalescent, palliative and observation

Table 2: Statistical Data for 2011 – The Year at a Glance

STATISTICS - Hospitals	2011	2010	2009	Percentage Variance 2011 compared to 2010
Acute Care Inpatient Separations	3,031	3,201	3,469	5%
Live Births	126	119	152	6%
Surgical Cases (OR & Day Surgery in OR)	1,253	1,139	1,151	10%
Hospital Emergency Room Visits	28,302	27,379	28,110	3%
Hospital Ambulatory - Scheduled Visits - General Medicine	12,072	11,710	12,200	3%
Specialty	1,749	1,840	2,120	5%
Laboratory Tests	370,442	372,288	382,490	0%
X-ray Exams	19,616	22,809	23,944	14%
Ultrasound Exams	1,900	1,957	2,399	3%
Ambulance Calls	3,450	3,381	3,330	2%
STATISTICS - Continuing Care	2011	2010	2009	Percentage Variance 2011 compared to 2010
Long-Term Care Separations	215	213	233	1%
Temporary Care Separations	446	407	483	10%
STATISTICS - Community Services	2011	2010	2009	Percentage Variance 2011 compared to 2010
Physiotherapy Occupational Therapy Visits	9,719	9,612	9,622	1%
Speech & Language Pathology Visits	434	466	416	7%
Dietitian Visits	3,118	2,540	2,167	23%
Diabetes Nurse Educator Visits	2,466	1,356	1,158	82%
Podiatry Visits	1,240	1,321	1,539	6%
Telehealth Clinics and Education Sessions	1,000	913	602	10%

Governance and Transparency

Heartland Regional Health Authority has completed its tenth year of operation. A 10 member Regional Health Authority (RHA) serves the region. The authority is responsible to ensure the planning, organizing, delivering, monitoring and evaluation of health services delivered in the region. The Minister of Health appointed the Board members in February 2009. They include Chairperson Richard Anderson, Vice Chairperson Lorreen Illott, Gary Allan, Hazel Lorenz, M.L. Whittles, Loretta Goring, George Siemens, Gary Groves, Lyle Rankin, and Lyle Leys.

Figure 3: HRHA Board

Back Row (L-R): Hazel Lorenz; Gary Allan; Richard Anderson, Chair;
Middle Row (L-R) M.L. Whittles; Lorreen Illott, Vice-Chair; Lyle Leys, Loretta Goring
Front Row (L-R): George Siemens; Gary Groves; Lyle Rankin.



Code of Conduct and Ethics

In keeping with the Regional Health Authority's (RHA) Code of Conduct, individual members of the RHA are expected to conduct themselves in an 'ethical and businesslike' manner. Board and staff alike are expected to conduct themselves in keeping with the region's values.

The Heartland Health Region places a high value on balancing the public's high expectations for health care programs and services with available human and financial resources within the context/realities of the present day. Within these contexts, ethical dilemmas sometimes arise. The Heartland Regional Ethics Advisory Committee has developed a regional Code of Ethics as well as an Ethics Decision-making Framework to provide references and a process to assist people (staff, physicians, community stakeholders) to find a resolution to these dilemmas. Additionally, the Ethics Advisory Committee continues to offer an Ethics Consultative service to clients, families, staff, physicians and community members.

Policy Governance

The RHA uses an adapted policy governance model that strengthens and advances interdependent relationships between the Authority, regional stakeholders, and Heartland's President/CEO. A monthly review of governance policies at board meetings ensures compliance with Heartland's governance process. The Board participates in an accreditation process using the governance functioning tool, conducting a self-assessment using Accreditation Canada's governance standards, and actively participating in the on-site survey.

Roles and Responsibilities

As defined by the Ministry of Health's *Roles and Expectations Document*, the RHA must meet expectations in six (6) key areas: Strategic Planning; Fiscal Management and Reporting; Relationships; Quality Management; Monitoring, Evaluation and Reporting; and Management and Performance. The annual Accountability Document and the Strategic and Operational Directives (SOD) provided by the Ministry of Health also identify specific program and service expectations for the health region. The region's strategic directions are aligned with those of the Ministry of Health, all Saskatchewan Health Authorities, and the Saskatchewan Cancer Agency.

The President/CEO reports directly to the RHA regarding general and daily operations of the health region. The Senior Leadership Team, comprised of four vice-presidents, the Director of Environmental Services, the Senior Medical Officer and the President/CEO, meets frequently and are responsible for planning, integrating and delivering health services throughout the region.

The Regional Operational Planning Team (OPT) comprised of the CEO, the Senior Leadership Team and all program Directors, meet regularly. The OPT is a regional forum of health care leaders dedicated to enhancing the client's experience through collaboration amongst portfolios. Using a leadership style that facilitates change, the team addresses strategic direction and operating practices to ensure health system improvements. The OPT members provide input into strategic and operational plans, ongoing action plan development, and achievement and performance monitoring.

Partnerships

Ministry of Health

The Ministry of Health is the region's most significant stakeholder, providing policy direction, setting and monitoring standards, providing funding, supporting RHAs and ensuring the provision of essential and appropriate services to regional residents. The Ministry defines performance and outcome measures and establishes accountability parameters. A provincial *Accountability Document* defines the performance relationships between regional health authorities and the Province. It articulates the expectations for the organizational programs, service and funding of regional health authorities.

Health Shared Services Saskatchewan (3sHealth) and Saskatchewan Association of Health Organizations (SAHO)

The partnership to form 3sHealth was established between all Saskatchewan health regions and the Saskatchewan Cancer Agency and will be formalized at the SAHO Annual General Meeting in April 2012.

3sHealth is a new organization that will leverage economies of scale, best practices and shared expertise, working collaboratively with the health regions and Saskatchewan

Cancer Agency to improve quality and efficiency of selected administrative and support services. 3sHealth assumed the established shared services provided by SAHO such as payroll, group benefits, and procurement contracts administration.

SAHO will operate as the representative employer for health regions in collective bargaining negotiations and interpretation.

Other Partnerships

The Saskatoon Health Region is another important regional partner. With no tertiary hospital, inpatient psychiatric or inpatient addictions services within Heartland Health Region, professionals and physicians in the region work closely with health providers in Saskatoon to ensure that patient/client health needs are met. The Saskatoon Health Region provides psychiatrists on contract to visit the communities of Rosetown, Kindersley, Outlook and Biggar on a monthly basis to provide local access for psychiatric clients. The new Dube Centre provides mental health inpatient services for adults and children from Heartland. The Region also hosts services such as a Child Psychologist who assesses clients and families and a Mental Health Educator who arranges staff development opportunities through workshops and webinars for Heartland Mental Health Staff.

Other Health Region partnerships include Prairie North Health Region with whom we partnered for ultrasound services in the communities of Kindersley, Rosetown, Biggar and Unity until January of 2012. The region worked together with the Cypress Health Region in order to provide Nurse Practitioner services in the community of Eatonia.

Participation in the West Central Regional Intersectoral Committee (RIC) remains a key Heartland commitment. Participants include the R.C.M.P., Sun West School Division, the Rivers West District for Sport, Culture and Recreation, Great Plains Regional College, Ministry of Social Services and Ministry of Learning. Together, members of the RIC work to address the key determinants of health in Heartland's communities through funding that is provided to the RIC through various sources.

One of the West Central RIC's strategic objectives is to support Family Centres throughout the area. The Kids First Community Developer, a position funded through the RIC, has been working with community members to establish Family Centres in Kindersley, Rosetown and Outlook. Each of the Family Centre is at different stage of development and is or will be meeting the unique needs of its community. The RIC also administers the Community Initiative Grants where non-profit organizations apply for funding for projects.

Community Advisory Networks

Heartland strongly believes in networking through existing groups rather than establishing another formal layer. In particular, the RHA has worked closely with community groups (e.g.: West Central Municipal Government Committee (WCMGC) and the Waterwolf Planning Commission) to successfully resolve issues related to equipment requirements, service levels and resident concerns.

The RHA maintained ongoing links with a variety of groups, organizations and processes by:

- Receiving delegations at Authority meetings
- Conducting public meetings in communities across the region
- Participating as a reporting member of West Central Municipal Government Committee and the Waterwolf Planning Commission
- Liaising with local Health Foundations
- Working with local community physician recruitment groups
- Linking with Rural Economic Development Associations
- Participating in Regional Intersectoral Committees
- Liaising and planning with School Divisions and Regional Colleges
- Maintaining regular contact with and expressing appreciation for volunteer organizations
- Remaining receptive to concerns and issues of special interest groups
- Attending focus groups

Key Partners and Health Care Organizations

Health and Community Foundations

Health foundations and community donors play an important role in ensuring we have up to date equipment to provide quality health care to the residents of Heartland Health Region. In 2011-2012 we invested \$3,784,416 in upgrades to our facilities, and purchased approximately \$1,525,744 in Capital Equipment, where 31% of the equipment was funded from foundations and donations.

In 2011-2012, foundations contributed \$355,230 and donations from individuals and bequests contributed \$114,129 to our capital equipment. Approximately 17 community foundations and advisory groups exist within the boundaries of the Heartland Health Region. Donations may also be made directly to facilities in the region and are deposited into restricted accounts to be used for capital and small equipment purchase. The focus of the funding received in 2011-2012 was used for Patient Comfort and Safety, the Surgical Program, Telehealth, and Resident Equipment to help improve quality of life (piano's, benches, gazebos).

Foundations and local communities are also instrumental in the planning and building of two long term care facilities and one integrated facility. Communities fund 20% of the building project, while the provincial government funds the remaining 80%.

In 2011-12, the region was able to replace emergent non-clinical items in dietary, maintenance, and laundry, as well as improve clinical equipment in acute care facilities to meet required organizational practices with regional monies.

BridgePoint Center Inc., Milden

Heartland is proud to be home to this provincial program that offers intensive residential program services for adults and youths, as well as their families, who are struggling with eating disorders. BridgePoint Center is located in the Village of Milden, in the former Milden Hospital. An independent Board of Directors governs it. Along with the Ministry of Health, the RHA has maintained a strong relationship with the BridgePoint Board of Directors through its liaison member from the Heartland Health Region.

Ministry of Health funding for this program flows through the RHA. Heartland is pleased to support the innovative program services provided at the BridgePoint Center by its dedicated team, and its governing Board of Directors.

The Board of Directors has been working towards greater accountability on behalf of the organization. Governance Policies are being reviewed and revised as required. A Finance Committee and an Audit Committee have been struck, and the financial reporting now conforms to standard financial practices. At the end of the 2011-12 fiscal year, the Center experienced a surplus.

Canadian Mental Health Association, Kindersley

The Canadian Mental Health Association (CMHA), Kindersley Branch, is funded by the Ministry of Health through the RHA. The Kindersley Branch focuses on mental health promotion and education activities in the Kindersley area. The CMHA partners with RHA and other community agencies in carrying out these activities.

St. Joseph's Health Centre, Macklin

St. Joseph's Health Centre in Macklin operates as the HRHA's only affiliate Health Care Organization. St. Joseph's has its own Board of Directors that oversees the operation of the Health Centre through its Executive Director.

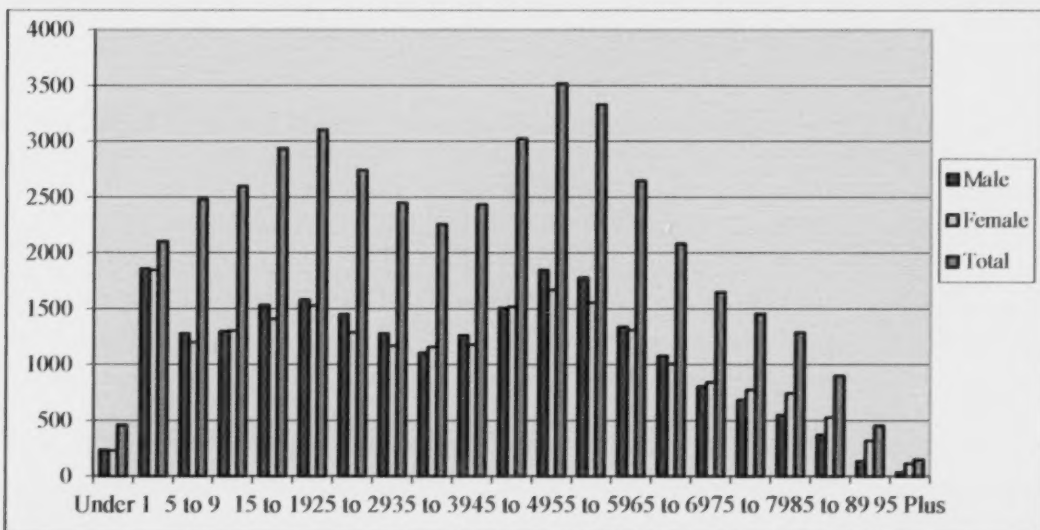
St. Joseph's offers out-patient treatment; diagnostic lab and x-ray services and regional prevention/ promotions activities. It has 22 long term care beds and four program beds, and works in partnership with the RHA in providing space for regional programs including community services, home care and Heartland's EMS services. Heartland continues to work cooperatively with the St. Joseph's Health Centre to ensure that residents of Macklin and area have access to quality and sustainable health services.

Our Region

The Heartland Health Region is located in west central Saskatchewan. It provides health care services to a population of 44,051 residents. (Source: Ministry of Health. Covered Population 2011) over 41,770 square kilometres of land. Within its boundaries, there are 57 towns and villages, 44 rural municipalities, and 19 Hutterite Colonies. The region's largest urban centre is Kindersley, with a population of 5,330. Other major centres include Rosetown (3,175); Unity (3,003); Biggar (3,018); and Outlook (2,801). Heartland Health Region is characterized by rural communities located across an expansive geographical area. We have prominent farming, oil, and gas industries (among others). Our communities exemplify strong support networks built from conventional family values.

Heartland Health Region has a relatively low population density (just 1.1 persons per square kilometre), meaning that the population is widely dispersed across our geography. Low population densities may create challenges regarding access to services.

Figure 4: Heartland Health Region Population (2011)



Source: Ministry of Health. Covered Population 2011

In 2011, Heartland's population was closely divided between males and females with 22,186 males (50.36%) and 21,865 females (49.64%). Some 18% of the region's population is 65 years of age or over, compared to the 14% in the province as a whole. Figure 4 provides a further breakdown of Heartland's 2011 population by age and sex.

Our aging population is also driven by a particular set of values, resulting in predictable lifestyle choices. The overwhelming preference is for our aging population to utilize the

health and social service which affords them the greatest level of personal freedom, independence, and autonomy. The health system's *Long Term Care* environment (likely) represents one of the final stages of the client's journey through a much longer care continuum. We recognize the necessity for our health system to be responsive and consistent in the provision of its *Long Term Care* services, while acting as partners with stakeholders (communities, private organizations, other health providers, etc.) in ensuring consistency of care throughout the entire continuum (homecare, affordable housing, assisted living, long term care, etc).

However, in the last few years, Saskatchewan experienced the fastest population growth among all provinces, due both to international immigration and inflow from neighbouring provinces. This trend may significantly affect future service requirements in Heartland Health Region.

Trends in demographics and health status information have enabled us to identify clear priorities for ensuring the future health of our region. The largest portion of our population is represented by those individuals born between 1947 and 1966, or the "Baby Boomers". Within our health status information we have also identified significant trends which are of a particular relevance to that age group (diabetes, high and low blood pressure, obesity, chronic obstructive pulmonary disease, etc.). If unchecked, this combination of increasing quantity of potential cases and increased prevalence could have serious implications for health care delivery. A health system which raises awareness and education about the prevention of chronic conditions and fosters a shared responsibility for health will be effective to ensure the long term accessibility and sustainability of services.

In assessing current health status in the region, there are important considerations for the future:

- Over half the population (52%) is over the age of 40, with the largest segment being the "baby boomers" aged 45-60 (43%). In contrast, approximately 24% of the population is under the age of 20;
- Healthy eating and regular exercise are below the provincial average; and
- Each month, some of our long term care residents suffer from a fall.

For our aging population, improvement in or prevention of disease and chronic illness requires:

- Patient-engagement in solution-building, and shared decision-making to promote independence;
- Co-ordination and collaboration amongst multiple health professionals;
- Change in behaviour/practices of both patients and practitioners; and

- Less dependence on the health system.

For youth, risky behaviour is the perennial cause of most problems. Education, dialogue, and engagement through new media and modern pathways of access are important to pursue. For our elder population, health is most often complicated due to falls, thus fall prevention as well as support for chronic conditions are two key priorities that we have put more focus on now and into the future.

Health Behaviours and Lifestyle Factors

Perceived Health

According to the Canadian Community Health Survey, perceived health is an indicator of overall health status. As a subjective measure, it incorporates not only the absence of disease or injury, but also physical, mental, and social well-being. Perceived health refers to a person's overall general health.

From 2005 to 2010 the portion of the population that self-reported very good or excellent health in the Heartland Health Region fluctuated between approximately 55% and 65%. The percentages were similar to those reported both provincially and nationally.

Figure 5: Perceived Health



Source: Statistics Canada. Table 105-0501 - Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2011 boundaries) and peer groups, occasional (accessed: May 17, 2012)

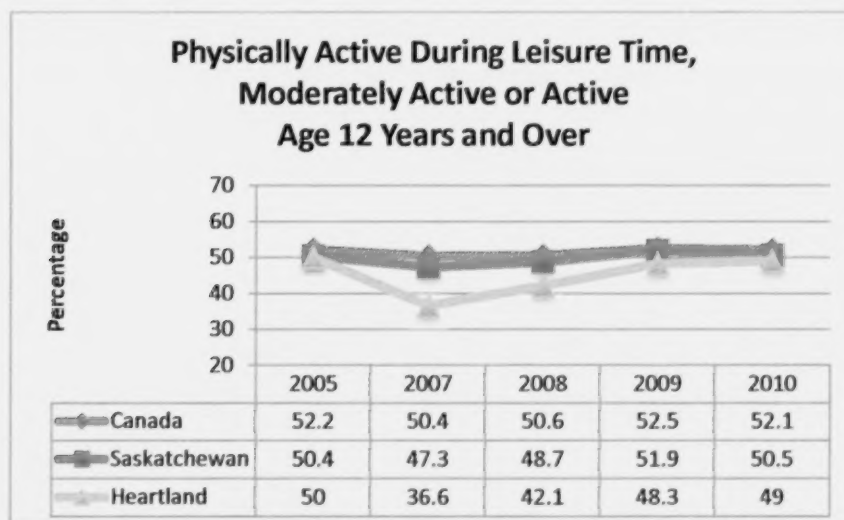
Physical Activity

For years it has been clear that physical activity is essential to maintaining overall health and well-being. There are numerous benefits to physical activity. It helps to reduce the

risk of a number of health problems such as cardiovascular disease, obesity, diabetes, and high blood pressure.

In Heartland, similar to the provincial and national numbers, only about half of the population reported that they were physically active during leisure time between 2005 and 2010.

Figure 6: Physical Activity



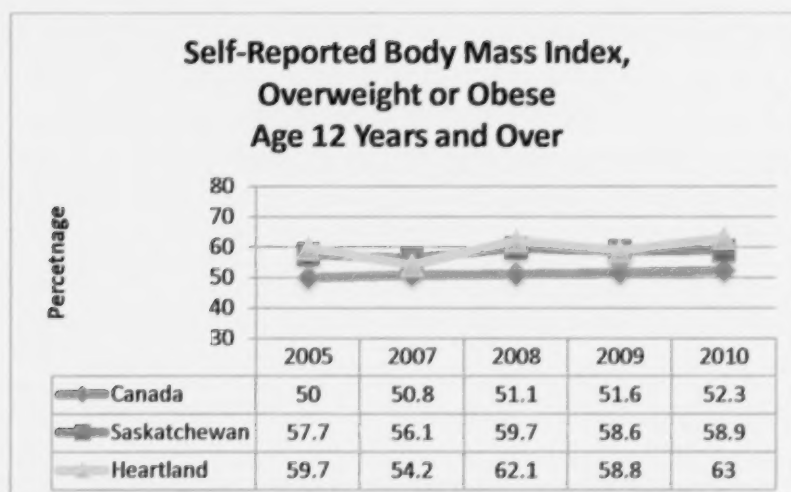
Source: Statistics Canada. Table 105-0501 - Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2011 boundaries) and peer groups, occasional (accessed: May 17, 2012)

Body Weight

Body Mass Index (BMI) is a common measure used to determine if an individual is within a healthy weight range. It is calculated by dividing the respondent's body weight (in kilograms) by their height (in meters) squared. Individuals who are within normal BMI range have the least health risks, while those both underweight and overweight have increased health risks.

Across Canada there is a growing concern regarding increased numbers of people reporting a BMI in the overweight or obese range. In the most recent year reported (2010), Heartland Health Region had 63% of people reporting an overweight or obese BMI; a proportion higher than both Saskatchewan and Canada.

Figure 7: Body Weight

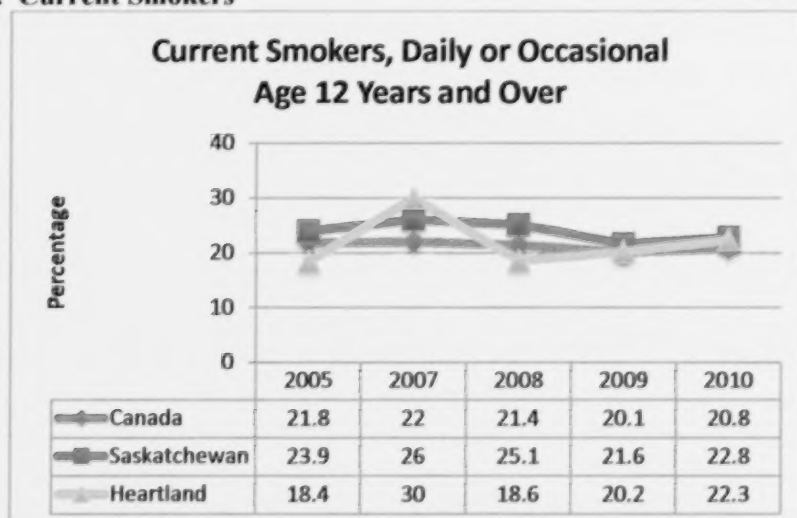


Source: Statistics Canada, Table 105-0501 - Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2011 boundaries) and peer groups, occasional (accessed: May 17, 2012)

Smoking

In Heartland Health Region the percentage of people 12 years and older who reported they were daily or occasional smokers in 2010 was 22.3%; similar to the two years previous. This proportion was similar to that of Saskatchewan and Canada. According to this data, smoking rates have remained fairly steady in Heartland since 2005.

Figure 8: Current Smokers

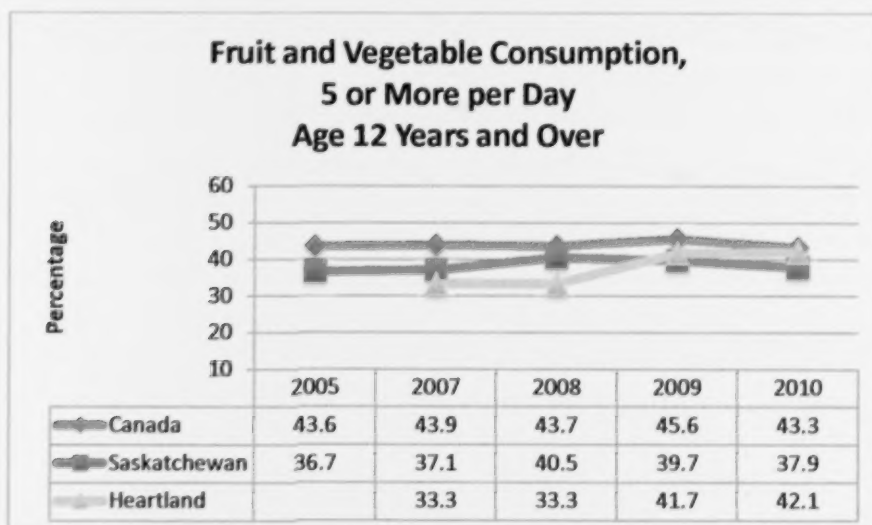


Source: Statistics Canada, Table 105-0501 - Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2011 boundaries) and peer groups, occasional (accessed: May 17, 2012)

Fruit and Vegetable Consumption

Part of a healthy diet is the adequate consumption of fruits and vegetables on a daily basis. In Heartland Health Region, the percentage of people twelve and over who consume five or more fruits and vegetables per day was 42.1% in 2010. While these results are not ideal, they are in line with both the provincial and national numbers, suggesting the need for improvement across the country.

Figure 9: Fruit and Vegetable Consumption



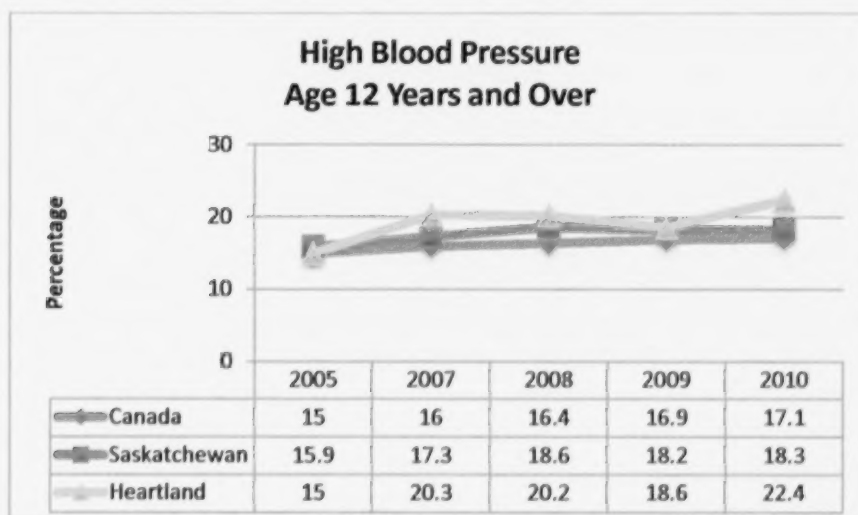
Source: Statistics Canada. Table 105-0501 - Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2011 boundaries) and peer groups, occasional (accessed: May 17, 2012)

High Blood Pressure

High blood pressure, or hypertension, is a chronic medical condition in which arterial blood pressure is elevated. Individuals with high blood pressure are at increased risk for serious medical conditions such as heart attack, stroke, and kidney failure. Modifications to diet and lifestyle, with the potential addition of drug treatment, can improve blood pressure control and decrease the risk of associated health complications.

Since 2005, Heartland Health Region has seen an increase in the percentage of people reporting they have high blood pressure. In the most recent reporting year (2010), this was 22.4% of the population. Over the timeframe the proportion with high blood pressure in the region has generally been above both the provincial and national averages, which are approximately 17-18%.

Figure 10: High Blood Pressure



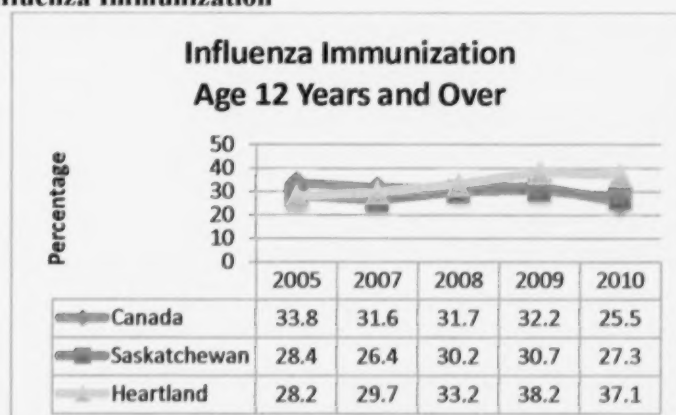
Source: Statistics Canada, Table 105-0501 - Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2011 boundaries) and peer groups, occasional (accessed: May 17, 2012)

Healthcare

Influenza Immunizations

A greater proportion of the Heartland Health Region stated that they were vaccinated against influenza in the year previous than provincially or nationally – 37.1% of the Heartland population compared to 27.3% in the province and 25.5% of Canadians. While higher than the comparison groups, there remains much room for improvement in Heartland regarding influenza immunizations.

Figure 11: Influenza Immunization

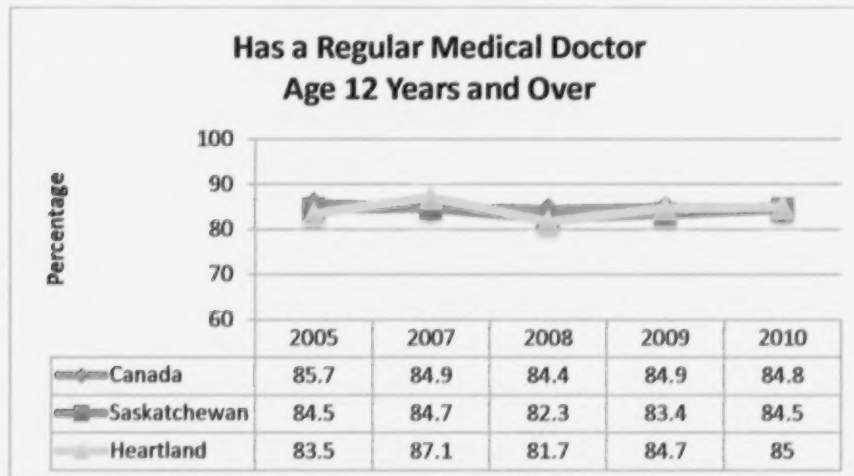


Source: Statistics Canada, Table 105-0501 - Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2011 boundaries) and peer groups, occasional (accessed: May 17, 2012)

Regular Medical Doctor

Over the timeframe, a high proportion of people living in Heartland Health Region reported that they have a regular medical doctor (85%). This percentage was very similar to both the provincial and national averages.

Figure 12: Regular Medical Doctor



Source: Statistics Canada. Table 105-0501 - Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2011 boundaries) and peer groups, occasional (accessed: May 17, 2012)

2011-2012 Results at a Glance

Major Initiatives and Accomplishments

This section briefly highlights the significant events and accomplishments that the health region has achieved throughout the fiscal year, including performance, operational, and financial achievements that pertain to the health region's strategic goals.

Pillar One – Health of the Individual and Population

Improving the health of individuals, families and their communities and providing clients with the best possible care experience.

- The Exercise Therapist has been working with Nurse Practitioners and the Chronic Disease Nurse to develop a Chronic Obstructive Pulmonary Disease (COPD) rehabilitation program. We have developed a partnership with Kelsey Trail Health Region for the first session of COPD rehab to be delivered in Heartland by Telehealth. Walking groups for chronic conditions have been established in Outlook and Rosetown.
- Chronic Disease Management and Healthy Living is still a priority in the region. Through SUN Partnership funding we have been able to hire a fulltime permanent Chronic Disease Nurse to help coordinate the programs. This nurse has also trained as a Living Well with Chronic Conditions facilitator trainer and is working on training more facilitators and spreading that program to support the disease-specific programs that we have. The Chronic Disease Nurse has met with others from the province to explore ways to sustain the Living Well with Chronic Conditions group.
- Macklin has established a healthy lifestyles program modeled after the School of Wellness successfully held in Rosetown and Kindersley.
- The region continues to work with communities to develop food securities programs (e.g. community gardens, collective kitchens).
- Immunization rates for staff have increased in the past year and the public health nursing group continues to explore innovative ways to increase.
- Community Service staff continue to evaluate programs with the help of clients in order to deliver services in the best way for clients and to ensure that the programs that we are delivering are the ones most needed.
- Began the implementation planning process for the Colorectal Screening Program that will roll out in the region in April 2012.
- Sent representative with the Ministry of Health team to tour a Long Term Care (LTC) facility in Perham, Minnesota – a facility that has been successful in promoting Patient/Family Centred Care. Reviewing ideas as we plan new LTC facilities.
- Completed implemented of the Falls Reduction and Injury Prevention Program in remaining 50% of Long Term Care (LTC) facilities.

- Began implementation of Falls Reduction and Injury Prevention Program in home care services.
- Completed pilot projects for Falls Reduction and Injury Prevention Program in acute care and community services.
- Working on improving the Long Term Care placement process through LEAN principles.
- There were two sites identified in Phase 1 as potential Heliport landing sites for our region. Rosetown and Kindersley were visited by the provincial consultant.
- Eleven Heartland Hero Awards were presented to citizens of Heartland.
- 26 new First Responders trained
- One new EMS vehicle purchased
- STARS Implementation Training 10 meetings held in region, 13 additional training meeting planned for 2012-2013

Pillar Two – Supportive Processes

Excelling at processes to achieve operational and service excellence

- Three Primary Health sites in Heartland have implemented the use of the electronic medical records system and continue to expand the access to other members of the team such as Dietitian, Diabetes Educators, etc.
- The region continued to participate in the Acute Care Patient Experience Survey. The region scored higher than the provincial average in many categories.
- Efforts are made to work cooperatively and collaboratively with other health regions and the ministry.
- Improvements have been made in the area of medication administration including storage, security, and inventory.
- RIS PACS implemented in five sites (Kindersley, Rosetown, Unity, Biggar, and Outlook)
- Prepared and sought Board approval on a multi-year plan to cultivate a patient and family centered culture across all services of Heartland Health Region.
- Developed an initial communication plan and prepared articles to introduce the concept of patient centered care through internal and external publications.
- Telehealth now includes seven sites (Unity, Kindersley, Rosetown, Outlook, Eston, Davidson, and Biggar). Macklin will go live in June of 2012.
- Developed a Regional Code of Ethics to support new policy and procedures relating to Ethical Decision Making.
- Formed partnership with local funeral homes and ministerial in Rosetown as pilot project to address issues relating bereavement.
- Converted to the Computer Radiography (CR) equipment in Davidson.
- Developed a Regional Code of Ethics to support new policy and procedures relating to Ethical Decision Making.
- Developed process for ethical review of new policies and revised/updated existing ethical policies and procedures.

- Development of a hands on breastfeeding program for Acute Care RNs (created by PHN/LC) – for roll out in May 2012
- Greater than 200 staff trained in modules of IV insertion, care of central venous catheters, IV therapy (safe medication delivery)

Pillar Three – Providers

Creating healthy workplaces and environments that support safety for all and quality client care.

- Thirty-nine new RNs were recruited to the region last year – this is an all-time high! Seven of these new recruits are new grad nurses and three are internationally educated nurses (IEN)
- Heartland employs 293 SUN staff and the average age of SUN staff is 46.7 years
- Senior Leadership has made an effort to have a presence at regional staff and operational meetings.
- We continued to support our new Registered Nurse Grads and New Licensed Practical Nursing grads by sending them to the Provincial Nursing Mentorship orientation in Saskatoon.
- Continued to offer the Regional Employee, Physician and Preceptor Recognition program with the celebrations held in June.
- Continued Aboriginal Awareness Training on aboriginal culture and traditions to support representative workforce retention. As of March 31, 2012, a total of 1,656 staff have gone through the training since its inception. Training is now being offered via Telehealth at New Hire Orientation and is open to all staff.

Pillar Four – Sustainability

Managing health care resources to ensure future provision of appropriate service.

- Planning continues on three major capital projects involving long term care facility replacement in the communities of Rosetown and Biggar and an integrated facility in Kerrobert.
- Board Authority meetings continue to be open to the public and media. The Board meetings have been rotated around the region and have been held in many different communities in an attempt to establish a Board presence.
- The health region met regularly and collaboratively with local media.
- Foundation Partnerships and Community Advisory Groups work together on Capital project planning.
- The Materials Management Department continues to centralize processes to make ordering more efficient and effective.
- The region participated in the provincial shared services plan

Pillar One - Health of the Individual and Population

Primary Health Services:

The establishment of four Primary Health Service Areas (PHSAs) within Heartland's boundaries four and a half years ago has given us the opportunity to continue to work on team-based care and interdisciplinary consultation. All four service areas have community services personnel located in the central site of each PHSA. All communities have better **access** to the whole team of professionals and this greatly decreases travel time for community based staff.

Key to better case management is the incorporation of electronic medical records. The more **information** clients and professionals have about their health, the easier it will be to find areas for improvement. Our Primary Health sites are using the Primary Health solutions electronic medical system. This electronic system makes it easier for the whole **team** to follow the health of their clients and share information more easily. Large geographical areas and lack of space in some facilities make it difficult for all members of the team to be present at each client visit but with the electronic medical record, team members can coordinate client care without always having a physical presence. The electronic record also allows us to pull statistics in order to determine if we are providing the services that we need.

The physician shortage throughout rural Saskatchewan has given us opportunities to meet with physicians and communities to look for new ways to meet community needs in a way that is more sustainable.

Heartland is aware that the sustainability of our health system lies in improving the health of our communities. At least 60% of chronic disease is preventable so a large role of the primary health team is to encourage **healthy living**. Members of the team take part in smoking cessation programs, healthy eating and food security programs as well as exercise and walking groups.

In the past year, allied professionals have begun to provide services in various different ways in order to increase client access and encouraging clients take a more active role in their own health. We have been piloting support programs for heart health, diabetes and chronic obstructive pulmonary disease. As people with these diseases become better at managing the symptoms they are less likely to present at emergency departments with acute episodes thus lessening the financial burden on our health care system.

It is an exciting time to be part of expanding primary health care throughout the province to improve the system we have and to make it sustainable in years to come.

Home Care

Home Care continues to be very busy in terms of programming within the Region. The 2011 Accreditation Standards of Medication Reconciliation and the implementation of a Falls Injury Prevention Program have been met. The Home Care Program will now focus on Accreditation Standards for 2013.



The Falls Injury Prevention Program has been successfully implemented in several sites, with two Primary Health Service Areas fully implemented and the roll out of the third is underway. The final completion goal date is December 2012.

The Early Discharge Surgical Program for Home Care was very successful in the last fiscal year, and Heartland is fortunate to be receiving an increase in funding for this fiscal year. Some of the success is attributed to Heartland owning three Activac machines which enables the region to repatriate clients post operatively to their home communities sooner. The purchase of a fourth Activac machine is in progress.

Regional Home Care participated in a LEAN project which began in January of 2011. This project concentrated on streamlining the long term care placement process by eliminating duplication of assessments and making the application and admission process more client/family centered. All Client Care Coordinators are provided with the most up to date forms, and a more efficient assessment process, thereby making everyone's experience transitioning to long term care a bit easier. Once this work is complete, the measurement part of the project will begin to ensure the process is obtaining the same results with greater efficiency thereby freeing up time to do other important community work.

Home Care continues to focus on the client by ensuring clients are receiving safe care provided by Registered Nurses and Continuing Care Aides (CCA). Clients are able to remain independent in their homes as long as possible through support services such as nursing care, personal care, homemaking, medication assistance and the implementation of an in home charting system to increase communication between clients, families and health providers.

Staffing in many areas remains challenging, with some areas experiencing an increase in need and others who are experiencing a shortage of clients. Guaranteed hours have been implemented for CCA's in the communities of Macklin and Biggar, with the community of Wilkie in progress.

Therapies



The Community Therapy Program, comprised of Occupational and Physical Therapy, has focused on several new initiatives this year. Therapy staff collaborated with the regional steering committee for Falls Reduction and Injury Prevention to develop a community services falls reduction and injury prevention strategy. A pilot project began in Rosetown in September 2011 which involved surveying seniors about whether they had fallen or had a fear of falling. If so, seniors

were offered a full falls risk assessment and were provided with suggestions and recommendations to improve their safety and decrease their risk of a fall. Participants were also invited to attend "Stay Fit, Stay Safe" classes that involved presentations by a physical therapist, occupational therapist, pharmacist, dietitian, and foot care nurse. Kindersley therapy staff took part in meetings for Acute Care Falls Injury Prevention as a pilot study.

Another focus of the community Therapy Program was "Living with Stroke," a six week program developed by the Heart and Stroke Foundation. Stroke survivors and their caregivers attended six-two hour sessions combining education and support. Information was presented on a variety of topics such as causes and effects of stroke, physical changes, communication, social effects and moving forward. The goal is to enable stroke survivors and their caregivers to cope better with life ahead by leading as healthy a life as possible.

Therapy staff in Rosetown, Outlook and Kindersley have been involved in the P.A.R.T.Y program (Prevention of Alcohol and Related Trauma in Youth) for grade 10 students at the high schools in these communities. The program has expanded and plans are underway to also provide the program in Biggar and Davidson.

Surgical Initiative Funding provided an increase in Therapy Assistant staff in Outlook and Rosetown, which has improved access to therapy service. An increase in the number of therapy referrals for surgical clients has been seen in the region and therapy staff have been able to see surgical patients in a timely manner. Surgical and other acute patients are given priority.

Podiatry

In June of 2011, the region contracted with Edward Hauk Podiatry Corp. to deliver podiatry services within Heartland. The Podiatrist who has been providing services under the contract is Dr. Sarah-Jane Roche. Under the terms of the contract, the

Podiatrist agreed to come to Rosetown two days a month and travel to Kindersley for one day a month.

In order to provide a full range of podiatry services, Heartland's Home Care and Podiatry Program developed a plan to utilize the Advanced Foot Care Nurse to provide advanced foot care services in clinics in Rosetown, Biggar, Kindersley and Outlook. The Advanced Foot Care Nurse works closely with the Podiatrist, Physicians and nursing staff to address foot care concerns and also with Home Care and Long Term Care staff to provide training and services.



Through the above contract and plan, Heartland was able to offer a full range of foot care. There is no referral necessary to see the Podiatrist or the Advanced Foot Care Nurse. The following are services that are provided by the Podiatry and Home Care Program are:

- Diabetic Foot Screening, Foot care and Education
- Wound Care – Removal of callous around wounds
- Wound Maintenance – Pressure relief with padding, dressings
- Treatment of foot injuries – ex. Achilles tendonopathy, heel spurs, plantar fasciitis, flat feet
- Orthotics and Biomechanics – biomechanical assessment, plaster casting, orthotic prescription
- General Foot Care – Thickened toenails, Ingrown nails, reduction of callous, assessment and education on footwear, assessment of foot structure, circulation, skin condition, treatment of problematic nails, callouses
- Sports injuries – assessment of footwear, orthotics, stretching and strengthening programs, physiotherapy referrals
- Pediatric Care – warts, ingrown nails, foot wear advice

Autism Program

The Autism Services Program continued to expand in 2011-12. Through funding from the North Central Autism three year Pilot Project, the region used funding to enhance services by engaging a private contractor to provide a part-time occupational therapist to visit clients at school and in their homes. Our Autism team at the end of the year consists of one full time Autism Consultant, and contracts with two full time support workers, a speech-language pathologist, and a psychologist focusing on “Mindfulness” training for anxiety and as well as an occupational therapist. In addition to these service providers many mentors and respite workers have been contracted to support clients and their families in their home communities. Over 110 families accessed our program in the past

two years since the program began. Clients range from two years to nineteen years of age.

Through the North Central Autism Pilot Project, in 2011-12 our clients and families also had access to a Centralized Services Team that provides assessments for Heartland clients one day per month in Saskatoon. The team is comprised of a Pediatrician, a Child Psychologist, a Behavioralist, and an Occupational Therapist.

Community based program development continues to be an important aspect of the program. Sixteen social skills programs have been developed in various schools. The Unity evening Social Skills and recreation program runs every Thursday. Boys from six different communities attended this program. In order to develop public awareness, staff and classroom presentations on Autism have been provided. Free workshops and webinars have also been provided.

Speech Language-Communication Services

This department operates on two distinct levels with service provisions for Preschool Children and Adults-Seniors.

The Preschool Program focuses on promotion, prevention and the supportive development of speech-language skills. Promotion and prevention are addressed through presentations at preschools, daycares and Family Centers while direct and indirect service delivery is offered through two options. One is through the traditional Clinic-Home practice and the other is through a community-based program, Partners in Communication, which utilizes community resources.

Seven clinics are located throughout the Health Region with service demands fluctuating from location to location. This year the average monthly caseload was 41 and program reviews are conducted in person; per telephone or through Fax and e-mail. Furthermore, parents are encouraged to contact the Speech Language Pathologist (SLP) after objectives have been accomplished so that positive changes can be made.

This is year sixteen for The Partners in Communication Program, **“A Home Program Plan Away from Home”** for preschool children. Since it began 310 programs have been completed with six programs in progress. The child receives two hours of program time per week in the home community of the child and this option has increased efficiencies, reduced travel times and ‘travel-distress’ for the child. The program has been instrumental in maintaining the status of the region having ‘No Waiting List’ in the provision of services for Preschool Children.

The Communication Companion program has become the pillar for the adult program since it started in 2005. This **“Quality of Life”** Program for adults is a shift from the traditional assessment and rehabilitation driven program models. The fundamental principle is to enhance communication skills; build social interactive connections;

minimize behavioral disruptions which impact on both staff and residents at the facility and increase cognitive awareness.

Public Health Nutrition

Public Health Nutrition uses an approach that includes assisting the community to take charge of their nutritional health, working toward making healthy choice an easy choice for all the region's residents. The program promotes an overall healthy lifestyle and works with communities and community groups to reduce the barriers and increase the opportunities for people to lead healthy lives and access healthy foods. The Public Health Nutrition program continues to support other health professionals, health projects and community groups with food and nutrition related concerns and plan for feasible and sustainable community-led projects.

The region is assisting the Kindersley Food Coalition, Kindersley & District Food Bank, and the Rosetown Regional Family & Community Support Services to improve and build on food security services in their community. The focus is on the process of taking steps toward building and sustaining community lead projects such as garden projects, adult cooking class, and food literacy.

The Nutritionist collaborates with provincial task groups on projects related to child health clinics and early childhood nutrition as well as with the other Saskatchewan nutritionists in provincial initiatives such as Comprehensive School Community Health, The Cost of Healthy Eating in Saskatchewan and a Self-Study Course for Nutrition Coordinators.

Tobacco Reduction

In support of the Heartland Regional Health Authority's strategic goal of decreasing smoking rates among youth, the regional Tobacco Reduction Committee promotes prevention and cessation of tobacco use through education and resources, promotes the PACT program region wide, and participates in provincial tobacco reduction working groups.

Healthy Living Committee

In an attempt to more efficiently utilize personnel time and resources, the Active Living and Healthy Foods committees amalgamated. The revised committee, Healthy Living Committee, is comprised of multiple sectors of the HRHA and community partners (Heart and Stroke Foundation, Pharmasave, Prairie Central District for Sport, Culture and Recreation, Rivers West District for Sport Culture and Recreation and Saskatchewan Parks and Recreation Association). The committee has worked to support previous School of Wellness participants in sustaining their healthy lifestyle choices and cultivating interest in partnering with communities to organize community wellness programs.

School of Wellness

In early 2011, we held a wellness challenge between the communities of Rosetown and Kindersley. Participants felt that the education they received was very beneficial and the Rosetown group looked for a way to sustain the changes they had made during the twelve week challenge. They have formed a "graduate class" which meets regularly and will be supported with further education by our health professionals upon request from the group. The idea of the School of Wellness has spread to another community. This group has other regional staff helping but are running the course themselves. This is the outcome that we had hoped for so that communities would take responsibility for their population's health and would be supported by the health region.

Chronic Disease Management

As an organization, we recognize that before we can meet or exceed the expectations of the people in the region living with chronic conditions, we need to identify needs. In 2011-12 we collected information about the prevalence of Chronic Diseases in the region.

With this information, we can best use our resources, and focus our preventative and supportive programming using evidence-based, collaborative practice to meet or exceed the care needs expectations of people of the region.

To improve the health status of the population, Health Canada has developed physical activity guidelines that encourage getting active. Walking programs, set up by the regional Exercise Therapist, occur three times a week in Rosetown and Outlook. In Beechy, the Nurse Practitioner, recognizing that regular exercise and physical activity are vital to physical and emotional well-being set up a walking program twice a week.

When we noted our dwindling number of participants in cardiac rehab, we listened to our participants from past programs and made revisions based on their recommendations. The topics of the program were reviewed and improved. The length of each session decreased. We have noted fewer drop outs from the start to end of the program and good participation of the question period at end of the four week sessions.

As a region we have identified that many of our Chronic Obstructive Pulmonary Disease clients do not have access to spirometry and we do not have Pulmonary Rehabilitation available in our region. We are piloting a project in Outlook to offer spirometry testing by a trained Nurse Practitioner. We have joined Kelsey Trail Health Region via Telehealth to offer Pulmonary Rehab education in one Primary Health Service Area and have gathered valuable information to assist us in developing Pulmonary Rehab programming for our region.

Living Well with Chronic Conditions, the six week self-management course for people living with chronic conditions has been held twice in the region. We have more leaders trained to deliver this program and plan to have Living Well with Chronic Conditions sessions occurring in all four Primary Health Service Areas this year. Community

members living with or supporting someone living with chronic conditions have valuable information and we are asking for their input when planning and developing programming to meet their needs. We plan to have community members as part of our future planning committees.

Diabetes Strategy

The REAP (Risk Education and Assessment Program) team which is the regional diabetes education team, continues to offer diabetes education and support for residents of the region. These services are provided through regular REAP clinics in Kindersley, Eston, Kerrobert, Rosetown, Outlook, Davidson, Unity, Biggar, Wilkie and Macklin. Diabetes classes are offered and modified on a regular basis to enhance self-management skills of people with diabetes. The goal is to empower participants to understand their blood sugar results and be proactive in managing their diabetes. Pre-diabetes classes are also offered on an as needed basis. Conversation maps have been used as an alternate approach to diabetes education in the group setting. The REAP team works with many clients who have a chronic disease through participation on various working groups.

Cholesterol classes are offered on an as needed basis to help those with elevated cholesterol learn the lifestyle approaches to assist with treatment.

Cardiovascular rehabilitation within the region was previously offered as the Heart and Stroke Foundation's Heart to Heart program. Following review, enhancements have been made to better accommodate the client's learning needs. The program addresses healthy eating, exercise, medications, and stress management, all areas to improve the life of those living with heart disease.

Members of the REAP team support and facilitate *Living Well with Chronic Disease* workshops. These workshops help clients learn how to self-manage their chronic disease. Healthy eating throughout different stages of the life cycle is addressed in *Introduction to Solids - Feeding your Baby Classes*, behavior modification to improve eating habits with *Craving Change* classes and improving meal planning skills and family nutrition in a parent mentoring program. Additional work has been completed to improve senior's cooking skills (i.e. *Cooking with Senior's classes* and participation in *Stay Fit, Stay Safe* classes-focus on falls reduction).

Community Inclusive Support Services

This past year we combined support programs for children with a disability and their families. We continue to provide support to children/young adults between the ages of 0 to 22 years of age. The program has expanded to include the entire region, which was not the case in the years prior. The Community Inclusive Support Services which used to be called the CARRE and I-Step Programs continue to work with all government, regional and community groups to support and develop those supports and services that model inclusion for all residents of our health authority.

The goals of the expanded project are to provide families and individuals with integrative case management and support services to:

- Access alternate sources of funding for special needs care-giving such as CDS and other community services,
- Facilitate CDS applications or act as the case lead to coordinate meetings and provide written reports to team members,
- Support appropriate individualized school-based teams and/or community-based programs,
- Provide a central location of information regarding existing services and supports and maintain ongoing communication with these services,
- Create and arrange inclusive social and recreational opportunity programs for youth and adults with special needs,
- Develop community connections through shared information and collaborative networking to meet the needs of the targeted families, and
- Transitional planning: work together with individuals, their families, schools and other service providers to develop a transition plan into the adult service system.

The program provides support to well over 100 individuals and their families throughout the region. The region is now in the sixteenth year of this very valuable partnership with the Ministry of Social Services' Community Living Service Delivery Program, with the hope of developing community based supports and advocacy for children/young adults with a disability and their families.

Youth at Risk

The Region had a Recreation Therapist position in place to work with communities to provide activities for youth at risk of substance abuse. The main focus of the program is to work with youth to foster healthy activities that lead to avoidance of substance abuse. The Recreation Therapist has been involved in a Youth Conference held in Unity, organizing and coaching sports teams and outdoor field trips in Kindersley. The Recreation Therapist also worked with the KDawn (Kindersley Drug and Alcohol Wellness Network) in Kindersley to address what the youth there needed. In January, a temporary Youth Outreach Worker position was added to work with the communities on the east side of the Region – Biggar, Rosetown and Outlook. A Needs Assessment was conducted in Rosetown and Biggar and from that information the Youth Outreach Worker will be working with youth and adults in those communities to address needs identified.

Mental Health

Mental Health services was involved with initiatives being undertaken at the provincial level by the Ministry of Health and the Regional Directors of Mental Health & Addictions Committee in 2011-12.

The Regional Directors and front line staff involved in the new initiatives received education regarding the LEAN process. There were three Kaisers undertaken following the LEAN methodology to develop a provincial standardized Screening Tool for Intake services, a provincial standardized Assessment Tool for Adult, Child & Youth and Addictions Counselors, and a Discharge/Transition process to reduce wait lists in Adult and Child & Youth counseling services. The new tools developed were piloted by three regions in the province and then implemented in the other regions including Heartland in September.

Besides the provincial standardization, there were a number of initiatives for reducing wait lists that were Heartland region specific. Adult Counselors implemented processes which would work in this Region such as clinic days to assess and prioritize clients. They also organized groups for coping with mental illness. The Early Childhood Therapist from the region was now able to complete the assessment tools required to get children into Kinsmen Children's Centre. Previously clients had to wait until an Early Childhood Psychologist could perform a specialized assessment. This will relieve a backlog of our clients under five years of age who need specialized services.

The Psychiatric Rehab Nurses met with the Public Health Inspectors to try to find solutions for situations involving clients who are mentally ill and were facing housing issues with public health. A better understanding of what both services are facing and what they can do was helpful.

Drug and Alcohol Awareness Wellness Network

The Heartland Regional Health Authority participates on the multi-disciplinary Drug and Alcohol Awareness Wellness Network (DAWN). The purpose of the network is to assist communities in west central Saskatchewan to affect positive changes regarding substance use/misuse. DAWN's work in 2011-12 focused mainly on activities for a Contribution Agreement with Health Canada. These included:

- The social hosting resources (completed in 2010-11) were distributed widely. Revisions were made to the original resources and additional copies were printed.
- Stakeholders were consulted in the development of a DVD targeted to youth, athletes, parents, coaches and administration of youth sports organizations. The resource is being distributed to West Central Saskatchewan stakeholders and others across the province. They worked with professionals and sports figures to create a youth prevention DVD called "Living the Dream: Making Winning Choices".
- Assisted Rosetown in hosting a capacity building workshop and met with other communities to discuss grassroots actions to address their substance use issues.

Addictions

The focus for the 2011-12 year for Addictions was Youth Prevention-based Programs.

The addictions program was directly involved in the DAWN program as identified above.

Prevention-based programs were the focus in Biggar. The Biggar Youth Activity Club was used as a prototype for similar clubs to be organized throughout the Region. The Club created and designed a community calendar website listing all recreational activities for Biggar called www.biggarrecreation.webs.com in partnership with the Town of Biggar Recreation Director. There were fourteen adult volunteers recruited to be involved in supervising Biggar's Youth Drop-in Center.

The Addictions Counselors continued to participate in the PARTY program across the region as well as school and community presentations.

Family Centres

Heartland is an active participant in the intersectoral partnerships in Unity, Biggar, Kindersley and Rosetown for the development of family and community resource centres. The focus of each centre varies in response to the needs of each community.

Literacy

Literacy has a greater impact on an individual's life than being able to read a book. It can affect one's health, social and economic choices. Literacy determines the ability to read and comprehend medication instructions, informational resources on healthy lifestyle practices and safety precautions at home and at work. It is for these reasons that the region remains active in the West Central Literacy Committee, a partnership between Heartland Health Region, Great Plains College, KidsFirst, Living Sky School Division, Sun West School Division, West Central Early Childhood Intervention Program, Wheatland Regional Library and community literacy advocates. Activities of this partnership include:

- Organization and distribution of the "Books for Life" program, which provides age appropriate books for newborns and their families.
- Support of English as an Additional Language programs through provision of resources and funding to hold family cooking nights, which promotes healthy eating choices, family bonding and family literacy principles.
- Support of Kids in the Kitchen programs through provision of resources.
- Provided opportunities for community members to attain literacy training.
- Held a regional literacy conference in Kindersley on May 14, 2011. The conference's purpose was to link regional literacy advocates, create capacity for attendees to share with their communities and provide literacy training.

Continuing Care

Heartland and its affiliate St. Joseph's Health Centre provide Institutional Supportive Care (Long Term Care) services with 487 beds in facilities located in 14 communities (See Table 1). Requests for placement in Long Term Care facilities are prioritized based

on need. Heartland's facilities offer an additional 58 program beds that provide respite, palliative, convalescent and observation programs.

We are excited that construction has begun on the new long term care (LTC) facility in Rosetown, that the tender has been awarded for the Kerrobert facility and that the call has gone out for the new Biggar facility. A committee with representatives from all new projects is continuing to work on the staffing mix and identifying what changes may need to be in place before moving into the new facilities.

The region received an increase in requests for LTC in 2011-12 and thus has placed more residents than the previous year. The number of people who were placed in their facility of choice increased in 2011-12. This is good news as it means that clients have not needed to be out of their home communities as they have in the past. We continue to have high use of 'program' beds (respite, convalescent, palliative) which indicates a good response to both client and community needs.

Table 3: Heartland Health Region Long Term Care: Key Statistics (2011-12)

No. of Placement Requests	190
No. of Individuals Placed	176
Average Days on Transfer List	61
Average Length of Stay (days)	805
Average Days from Placement Request to Assessment	8.52
Average Days from Placement Approval to Admission	7.02
Average Placement Age > 65	86
# Placed in Facility OF CHOICE	128
# Placed in Facility NOT OF CHOICE	48
# Placed on Transfer List (Desired Facility)	56
# Transferred (Transferred To)	24
# Declined Transfer	2
# Discharged	2

Work continues with regional practices (medication reconciliation and falls prevention) in all the LTC facilities. Although there is still work to be done, discussions with staff in the facilities indicates knowledge of the process of the falls program, an increased awareness of risks for falls, and an increased attention to interventions to reduce the risks.

Emergency Services

Similar to many rural Health Regions, staffing for Emergency Medical Services (EMS) can be a challenge. Since the number of full-time and part-time EMS positions is limited, the majority of the EMS positions are casual on call. Overall, this staffing model works well and is a good fit with the



logistics and scale of a rural region, but there are times when a community may experience a staffing shortage. Most casual employees have other employment in the community which can limit their availability to provide on call coverage for the ambulance service. There are also seasonal pressures, when the casual pool of staff thins out due to vacations or seasonal work patterns.

Whenever a community experiences a staffing shortage and a full EMS crew is not available, the ambulance is considered out of service. In the event of an EMS service disruption, two key responses are triggered. For information purposes, a community notice goes out through various media channels and through appropriate internal communication channels within HHR. To ensure some level of service is available to the community, a contingency plan is put in place for the closest available ambulance to be dispatched should a call come in. At times, the travel distances can result in significant delays. To minimize the impact of a delay, the region attempts to use First Responders and EMS Initial Responders to provide care until the ambulance unit can arrive.

Table 4: EMS Calls in Heartland 2011-12

Site	2010-2011 EMS Calls	2011-2012 EMS Calls	Increase/Decrease
Beechy	86	74	-12
Biggar	387	374	-13
Davidson	340	297	-43
Dinsmore	71	44	-27
Doddsland	29	36	7
Eatonia	52	55	3
Elrose	32	41	9
Eston	125	162	37
Kerrobert	142	164	22
Kindersley	605	713	108
Kyle	72	81	9
Luseland	79	61	-18
Macklin	94	99	5
Outlook	367	295	-72
Rosetown	418	477	59
Unity	301	329	28
Wilkie	181	148	-33
Regional Total	3381	3450	69

To recruit new staff two First Responder training programs and an EMR training program were held in the region to train people interested in working EMS. Over ten people completed the training.

To respond to EMS calls the region operates 30 EMS vehicles. In 2011-2012 these 30 vehicles travelled just under 500,000 kilometers. With the average cost of a replacement vehicle being around \$135,000 the region is challenged to maintain an updated fleet. Operational costs increase significantly when older vehicles are used. Over the past five years the cost/km of operating the fleet vehicles has increased from \$0.11/kilometer to \$0.19/kilometer. This translates into an increase of around \$45,000 per year in maintenance and repair costs.

In 2011 the Heartland Health Region introduced an award to recognize public members who go above and beyond what is expected and normal for persons of their experience/age in aiding people experiencing a medical emergency. To date six public members received Heartland Hero awards for their actions in responding to medical emergencies in the region.

Fluoride Varnish Preschool Program

A fluoride varnish program was implemented in the region in April, 2011 due to the high percentage of Grade one children that did not meet the Canadian Oral Health Strategy (COHS) goal of 50% or more who were cavity free. All children between the ages of six months to six years of age are eligible to participate in the fluoride varnish program.

Statistics indicate that many children in Saskatchewan have experienced tooth decay and/or have had dental treatment done by the time they enter school. The goal of this program is to reduce and prevent tooth decay in younger children, resulting in better overall health, fewer costs to parent and/or the health care system, reducing the number of young children having general anaesthetic administered and freeing up operating room time for other surgical procedures.

Clinics are held at the following locations: Biggar, Davidson, Dinsmore and area, Eatonia, Kerrobert, Kindersley, Outlook, Rosetown, Unity, Wilkie

Fluoride Varnish and Dental Sealant School Program

A fluoride varnish and dental sealant program was implemented in the region in February 2012. All students in Grade one who attend schools where tooth decay rates are higher are eligible to participate in the varnish and sealant program. The goal of the program is to reduce and stop tooth decay by providing:

- Dental Health Assessments
- Referral and follow-up
- Fluoride Varnish Applications

- **Dental Sealant Applications**

The dental team provided dental assessments, sealants and varnish to five schools from February 1, 2012 – March 31, 2012.

- Number of Grade One students screened: **55/65 (85%)**
- Number of Grade One students who received a varnish application: **51**
- Number of Grade One students who had fully erupted 6 year old molars: **26**
- Number of dental sealants placed on permanent 6 year old molars: **71**

School-based Fluoride Mouth Rinse Programs

In those schools that participate in a “school-based” Fluoride Mouth Rinse Program, 90% (1,545/1,710) of the students are enrolled. The Dental Health Educator is responsible for ordering of supplies, monitoring, maintaining and training volunteers for the school-based Fluoride Mouth Rinse Program on a yearly basis.

- 80% (30/37) of all eligible schools in the region participate in a school-based fluoride mouth rinse program.
- There are presently 76 fluoride mouth rinse volunteers (consisting of individuals such as parents, teachers and/or teaching assistance)

To view a complete list of schools in the region participating in a School-Based Fluoride Mouth Rinse Program go to:

http://www.hrha.sk.ca/documents/HHR_FMRSTATS_feb2012.pdf

Immunization

Every year a combined effort between Public Health Nursing, facility immunization RNs, and physicians continues to address the needs of Heartland communities during Influenza Season. These staff/physicians provided the following vaccinations for seasonal influenza this year:

- **6,014** doses of influenza vaccine to residents under 65 years of age;
- **4,574** doses to Heartland residents 65 years of age and older;
- **1,169** doses to Health Care Workers.



Kim Wisse receives her Influenza Vaccine from PHIN Mary Pat Fisher

This was the second year the province supported a Universal Influenza Program, so there were no sales of flu vaccine as all doses were publicly funded.

Long Term Care (LTC) facilities provided 423 doses of vaccine to a possible 482 residents of LTC facilities (**88%** of LTC residents).

In 2011-12 the Public Health Nurses (PHNs) provided extensive Maternal and Child Health services and clinics throughout the region:

- They offered 467 clinics.
- There were 2,401 appointments (scheduled 45 minutes for infants and children), to address a full range of assessments including nutrition and the feeding relationship, physical assessment and growth monitoring, developmental assessment and screening, speech and language, immunization and screening for oral health and Maternal Mental Health.
- There were 923 fifteen (15) minute appointments to specifically address immunization requirements only.
- The regional PHNs also received 444 postnatal referrals this year, and made themselves available for 512 postnatal home visits, providing care and support for new mothers and families in their homes and an additional 426 contacts and home visits specifically aimed at supporting breastfeeding mothers and babies.

In the 2011-12 fiscal year, PHNs continued to implement a variety of school based immunization programs. As a collective group, they gave 3,651 school immunizations based on current provincially funded programs.

Not including annual influenza programming for Heartland Health Region employees, the PHNs did address 567 staff health consults and gave another 429 immunizations to employees.

Travel health and vaccine sales clinics (activity for 2011-12)

- 2011-12 was the 3rd year of expansion of travel health and vaccine sales services.
- There were a total of 146 travel/sales clinics this past year.
- In those clinics, the travel PHNs saw 707 clients for consults and 697 clients for 15 minute appointments.

Communicable Disease

The Communicable Disease program coordinated the investigations of 76 reportable communicable disease cases this past year. Public Health Inspectors and Public health Nurses work together to provide follow up education to the clients, to work with regional physicians in diagnosis and confirmations, and to support communities when required. There were 121 Sexually Transmitted Infection cases and contact investigations that occurred in 2011-12, coordinated through regional Communicable Disease programming.

Outbreak Management

In 2011 (January to December) there were eight (8) outbreak investigations in Heartland's facilities and one (1) outbreak in the community that included:

- Six gastrointestinal outbreaks (four of which were laboratory confirmed Norovirus).
- Three respiratory outbreaks (two of these were lab confirmed Influenza and one was lab confirmed Respiratory Syncytial Virus or RSV).

Public Health Inspection

The Public Health Inspection program provides inspection, investigation and consultation services within the health region. Program responsibilities are varied and include services that the public traditionally associates with health inspection, such as restaurant inspections and other services that may not be as apparent to the public. Program delivery consistent with the program expectations from the Ministry of Health and tailored to meet the needs of the region's population is provided. Public Health Inspectors oversee small volume public water systems, plumbing and sewage inspections, regulate licenced accommodations and swimming pools. Land use referrals, communicable disease and animal bite investigations are also activities under taken by Public Health Inspectors.

The public health inspection program has staff members located in Outlook, Rosetown, Kindersley Unity and Biggar. Enhancements within the program continue to be made. Continuous improvement is constantly being employed in the administration and delivery of the Public Health Inspection program.

Drinking water safety is a vital portion of the PHI program. This year nine Precautionary Drinking water Advisories (PDWA) and two Emergency Boil Water Orders (EBWO) were issued. This is a reduction from last year. Efforts in providing advice and identifying the proper utilization of various public water sources to operators of these systems has contributed to this decline. Significant consultation with private homeowners on testing results and management of their water supplies also occurs.

There has been a slight reduction in the attendance and the number of courses offered this year by the Public Health Inspection (PHI) program. Two Swimming Pool Operator Courses were held and was attended by 26 students. The program delivered twelve Food Handler Courses to 197 individuals. The region now offers an online course for food handling training and six individuals have completed the course. Public Health Inspection has mentored three food handling courses in high schools in the region with 52 students participating.

The number of inspections conducted by the program has decreased slightly. The number of inspections for facilities licenced by the health are captured in the following table:

Table 5: Summary of Public Inspection Levels for Licenced Facilities

Facility type	2011-2012		2010-2011		2009-2010	
	# of Facilities	Inspection Rate (%)	# of Facilities	Inspection Rate (%)	# of Facilities	Inspection Rate (%)
FEE – Food Eating Establishment	346	97	337	100	330	99.6
FPL – Food Processing (Licensed) BS and Abattoir	33	90	25	96	25	100
LA – Licensed Accommodations	134	85	122	90	122	88
SP – Swimming Pools Whirl pools and Paddling pools(Licensed)	25	100	25	100	25	100
Public Water Supplies	82	97.6	73	100	86	94

Pillar Two - Supportive Processes

Quality Services

The 2011–2012 fiscal year turned out to be an eventful year for the Quality Services portfolio. In June 2011, Accreditation Canada conducted a focused visit to review two key areas: medication management, and sterilization and reprocessing practices. After visiting three of Heartland’s sites – Kindersley, Rosetown, and Kerrobert Health Centres – the Accreditation Canada Surveyors came away suitably impressed with the standard of practice and improvement efforts demonstrated by our teams. The Accreditation Surveyors had lots of encouraging words for our teams, noting the progress we are making in improving the quality and safety of the care we offer across all our services. Discovering new ways to improve the quality and safety of care is a never-ending pursuit. While error-proofing and quality enhancing work is a continuous, ongoing activity, it was good to have a check-in from outside Surveyors in June to confirm Heartland Health Region is on the right track for providing the safest, highest quality care.

Another landmark in 2011 – 2012 was Heartland Health Region’s participation in a new form of strategic planning. First known as “Strategy Deployment” and later as “Hoshin Kanri”, this form of strategic planning involved narrowing the scope of Heartland Health Region’s work to a vital few priorities. We still have much to learn about this new way of strategic thinking and its application. While work on other key projects or pressure points is not necessarily abandoned, it is clear a few vital priorities take precedence in terms of being resourced, tracked, measured and if need be, “ramped-up” should the initiative or project fall behind on key milestones. The Quality Services Portfolio was highly involved in starting up this first year of Hoshin Kanri strategic planning. This meant pulling together population health and service utilization data to help inform the management team’s selection of the vital few priorities. It also meant supporting Managers in developing measures and targets for defining and tracking progress on the few selected priorities. As the Region moves forward with Hoshin Kanri for refocusing

our work, Quality Services will continue to play a support role in learning about and applying this new method.

Although the final numbers are not yet available for comparison with previous years, the Quality Services Portfolio responded to several involved, complex and high magnitude critical incidents during 2011 – 2012. Quality Services continues to play a key role in the investigation, analysis and implementation of improved practices, to glean as much learning as possible from critical incidents. In this capacity Quality Services helps frontline service providers and the broader organization to improve client safety. The main point is to prevent future mishaps and to ensure Heartland Health Region offers the safest, highest quality care available in rural Saskatchewan. Fortunately the reactive learning process associated with a critical incident rarely happens. When it does, the Quality Services Portfolio plays a central role in using these learning to improve the quality and safety of care across Heartland Health Region.

Accreditation Canada Reports Back - Good News for Client Safety and Quality of Care

In June 2011, two Surveyors from Accreditation Canada visited three of our sites to assess our progress along a number of safety and quality of care dimensions. Based on a prior visit by Accreditation Canada (AC) one year ago, the region was cited as needing to improve across a number of practice standards ranging from managing medications, sterilization and reprocessing, falls prevention and various other client safety practices. The June 2011 visit was our opportunity to prove that safe, quality care is a priority for our health region.



During a debriefing session at the conclusion of their visit, the Surveyors provided lots of positive feedback. They went out of their way to congratulate us on our hard work, on the amount of progress we made in a short time, and on the commitment to quality and safety demonstrated by our Region.

The extent of our progress was evident in another way. Going into the June 2011 visit, AC asked us to demonstrate satisfactory improvement assessed on a total of **51 clinical and organizational practice standards**.

Accomplishing a great deal of work in a short period of time took a lot of commitment and teamwork on everyone's part. Gaining Accreditation Canada's seal of approval is only a part of what we are trying to do. Constantly working to improve our practices for better and safer care is what we want.

Have You Heard About Patient and Family Centered Care?



Davidson Health Centre Staff with welcome banner

While you may not be very familiar with the terminology – Patient and Family Centered Care – it actually is a long standing focus in health care and at Heartland Health Region. To define it in as short a description as possible, Patient and Family Centered Care is an approach to the delivery of care that ensures the patient and their family are always well informed about the care plan, and are respected and supported as the main decision-maker throughout the patient care journey. This means no decisions about

patient care are made without the patient and family members.

Many of our practitioners within the region – physicians, nurses, rehabilitative therapists, would say they have been practicing Patient and Family Centered Care for some time. For the most part they are right. As a region we do pretty well at keeping patients and families informed and at following their lead in setting treatment plans. Even so, we know we can do better...and not only that...we must do better.

There are some natural tendencies in health care – the intensive training health care professionals undergo, the complexity of a multi-layered bureaucracy, and the continual advancement of sophisticated technology – that distract us from our best intention of maintaining a focus on patient and family centered care. These competing priorities often lead us to focus on the system itself, and adjusting patient care to accommodate the needs of the health care system.

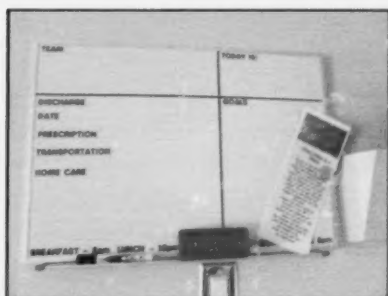
The emergence of Patient and Family Centered Care as a new priority in health care reflects an attempt to counter this trend. A renewed focus on Patient and Family Centered Care is a way to remind all of us that we got into health care to serve patients and their families...and not to serve the system's demands.

With this premise in mind, the region will be introducing new methods and practices into our work, including the creation of patient and family advisors, to ensure our Region is following Patient and Family Centered practices. The vast majority of our staff wants to provide more Patient and Family Centered Care. Our task is to find ways to best support our staff in pursuing this goal, while minimizing the demands the system places on patient care and professional practices.

Releasing Time to Care – Outlook Health Centre

The team at the Outlook Health Centre continues to make good progress in implementing improvements using the Releasing Time to Care (RTC) framework. RTC was originally developed in the United Kingdom and adapted to the Canadian setting. All of the improvements realized through RTC work are intended to improve the safety, experience, and quality of care for acute care patients. Some of the more notable improvements at the Outlook site are:

Better Communication at the Bedside



Communication boards with key information, such as the patient's diagnostic appointments, the name of the patient's physician, meal and bath times, have kept patients and their families better informed. The boards are also a good communication tool for nursing staff. Rather than making a trip back to the nursing station to check the patient's chart, nurses can get key information from the patient's bedside board. We are also pleased to see families using the boards to write reminders about questions to ask the physician, or to

leave encouraging notes for their loved one.

Shift Handover

Previous to RTC, the Outlook team used tape recorded messages to transfer information and updates from shift to shift. Nursing staff coming off shift want to make sure their colleagues, who are just starting their shift, receive an effective handover of information. Unfortunately, this handover often turned out to be a time consuming and there was constant frustration about the audio quality of the taped reports. Using a new communication board developed through RTC work, the team has been able to reduce shift handover report time. This significant saving is allowing the team to reinvest their scarce time into more direct patient care time, or into other nursing duties needing more time and attention. In addition to the improved efficiency, nursing staff also report the quality and effectiveness of the information being shared has significantly improved. Better informed nurses with a less hectic work day are bound to perform better patient care.

Well Organized Ward

One of the first projects the Outlook team took on was the reorganization of the layout and supplies of the Emergency Department. This re-organization has been highly successful, as nursing staff now spend less time looking for supplies and feeling frustrated when they have to run to another supply room to retrieve an item that should have been in the Emergency Department. A well designed and well stocked Emergency Department allows nursing staff to handle outpatient visits more efficiently, but more importantly, ensures nurses are better prepared to handle urgent and emergent care situations.

Privacy

The region recognizes that all personal information including the personal health information of our clients deserves to be treated with respect and sensitivity. We further acknowledge that this information is protected by law under the Health Information and Protection of Privacy Act (HIPA) and the Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP). We believe that an atmosphere of trust between client and caregiver is important in the delivery of healthcare. The region is committed to protecting the privacy of the people to whom we provide care, and have policies and procedures in place to ensure confidentiality when collecting, using, and disclosing personal health information.

The region has a designated privacy and access officer who assists with privacy and access education, interpretation of privacy legislation, release of information, and requests for access to personal health information.

Patient Safety Week

Heartland Health Region participated in Canadian Patient Safety Week on October 31 to November 4, 2011. Canadian Patient Safety Week is a national annual campaign started by Canadian Patient Safety Institute to inspire improvement in patient safety and quality. It allows healthcare professionals, patients, and families to work together to spread the message that good healthcare starts with good communication. Health care organizations all over Canada are participating to increase awareness of patient safety. The theme for Canadian Patient Safety Week was:

Ask. Listen. Talk. "Don't hold back. Good healthcare starts with good communication."

Healthcare professionals, patients, and families are encouraged to ask questions, listen to the answers, and talk about concerns and ways of improving safety.



Infection Control

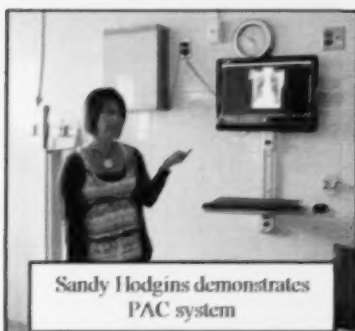
Most of the work in Infection Prevention and Control this past year was centered around the best practices as set out by Accreditation Canada with the primary focus being on the sterilization of reusable medical devices.

All autoclaves with the exception of Kindersley and Rosetown were shut down and all regional sterilization was performed at the Kindersley and Rosetown sites. The Rosetown and Kindersley sites made some changes in processes and environmental issues in order to be more prepared for the June focused visit by the accreditation surveyors. New policies and procedures for reprocessing were developed to be in line with the CSA standards. All reprocessing staff in the Kindersley and Rosetown site received their education on reprocessing as well as their CSA certification.

Providing Information Services

The Heartland Health Region Information Systems department continues to play a major role in facilitating a high performing, sustainable patient centered health care system.

RIS PACS



Sandy Hodgins demonstrates
PAC system

Heartland is part of the Provincial phase two of the Radiology Information System (RIS) and Picture Archiving Communication System (PACS). The RIS is used by the Medical Imaging Department for patient scheduling, exam management and results reporting. The electronic process will enhance results reporting turnaround time and print quality. The PACS is a secure provincial archive for the storage, retrieval and display of digital diagnostic images and reports of general x-ray, ultrasound, CT, MRI, mammography, nuclear medicine and bone density examinations. Together, the RIS and

PACS link medical digital images with interpreted results, making the full exam information available in the PACS through secure networks to authorized users within the hospital, or remotely in community clinics or provider offices across the province. Once these systems are fully implemented, film will no longer be printed for medical images. All images and reports will be available using a computer to access PACS. RIS and PACS were implemented in five regional (Biggar, Kindersley, Outlook, Rosetown and Unity) in June 2011. Future sites will be reviewed every September to assess readiness.

Telehealth

We continued to see growth in Telehealth in Heartland for 2011 – 2012. We are now able to offer Telehealth Services in eight sites with Macklin anticipated to be on line in May of 2012.

We have seen the greatest increase in our clinical activity. In 2011-2012, we facilitated 154 clinical sessions having seen 84 in 2010-2011. This includes both clinical consults and clinical education for our residents. We have seen the addition of several new clinical providers including Child Psychiatry/Psychology, Respiriology, and Neurology. We are also piloting a Kelsey Trail initiative, “Pulmonary Rehab”, in Outlook which has been to date a success. This may be offered in more Heartland sites in the future.



There was also an increase in education sessions from 625 in 2010-2011 to 648 in 2011-2012. We did see a decrease in the number of Public Education sessions attended. This is partly due to the challenge of getting the Telehealth message out to the public. We have seen an uptake in the use of Telehealth by Heartland programs with the delivery of

education such as NISS charting, Canadian Triage and Acuity Scale training, etc. to our nursing staff. We also utilized Telehealth to deliver EMS education.

The provincial Telehealth program also purchased an electronic stethoscope for the region which will assist our clinical providers in their clinical provision. We hope to see use of the stethoscope this year within our provincial clinics and also with Heartland clinical initiatives. The Eston Health Centre has also purchased the stethoscope for their site and we are awaiting the license from eHealth to begin testing.

Provincial Helpdesk

We are always working to improve the support we provide to our users. As one of the last regions to move to the Provincial Helpdesk, Heartland feels this migration to a centralized Provincial Helpdesk solution has provided us with the ability to respond to our staff technical requirements efficiently. It provides us the ability to track and ensure no requests are missed and response times are reduced.

Public Internet

In response to our Patient First initiatives Heartland is providing public internet to residents and patients in several of our Acute and Long Term Care facilities. This allows patients to use tools such as Skype to communicate with loved ones while in the hospital or Long Term Care facilities.

Improvements to our network infrastructure are also a top priority, this allows us to ensure we maintain patient confidentiality and integrity of our data. Several advancements were made in order to guarantee our current service levels and system processes are met. The Windows 7 rollout was completed on all existing computers in our region this year to ensure we can maintain adequate access to clinical systems and that security requirements are met.

Heartland Bereavement Partnership

A working group/partnership was developed in Rosetown to address the gaps in bereavement follow-up. Membership consists of regional employees (Director of Continuing Care and the local Volunteer Coordinator), representatives from local funeral homes, a member of the public and a representative from the local ministerial. Although many gaps were identified, the group decided that they would concentrate on the gap (possibly lack of support, loneliness) after the family returns to regular life and the person grieving really begins to face the loss. Consequently, a pilot project was started in Rosetown that includes contact by a letter approximately six weeks following the death that expresses sympathy and lets the individual know they will be contacted in a short while by phone. The purpose of these contacts is to let people know there is someone who cares and also to provide information on other resources available. Presently, the letters and phone calls are being done by the Volunteer Coordinator. Once the pilot is completed there will be a review/evaluation as the plan is to do a similar program in other areas of the region.

Community Falls Prevention Partnership

In March 2011, several employees from the region were able to attend a Falls Prevention Conference in Saskatoon. At the conference they watched a performance by a group called the Meri-Misfits – seniors/retirees who go to places where seniors congregate to give information about fall risks and prevention through songs and skits. Several thought it was a great idea and throughout this past year have been working on getting a similar group going in the region. Members include Heartland employees and community members and they were successful in getting a grant from SGI for start-up. They have purchased sound equipment and will be spending some of the money on other things like T-shirts and props. The group is working at building their repertoire. Currently the group is based in Rosetown and has been called *Grace Notes*. Plans are to 'go on the road' and present their message to other communities in the health region.

Environmental Services

Implementation of the microfiber cleaning system was completed in June 2011. This will assist our region in following best practice for cleaning, safe work procedures, and infection control.

We are continuing to investigate scent free/environmentally friendly products used. With the move to standardized products we are reviewing all products that we are currently using/being proposed to ensure they meet best practice guidelines. We will continue to focus on quality improvements to ensure our continued support of a safe, healthy and happy work environment.

Nutrition and Food Services

In December 2011 work commenced on improving our current processes and procedures in the Food Services Department. Through this process we have recognized the need for change in our current processes and practices. One of the recommendations is to review the menus our facilities currently are serving our clients, while looking at the cost per meal day and the nutritional value that these menus/receipts provide to our clients. Our aim is to look at a standardized menu, with standardized receipts that provide us with a nutritional balanced menu and prove cost effective for all facilities.

Laundry Services

Nine out of seventeen facilities in our region have continued with contracted laundry service provided by North Sask. Laundry serviced out of Prince Albert, Saskatchewan. Our region has two capital facility projects, Kerrobert and Biggar, that, once completed will transition over to the laundry services of our centralized laundry services provider.

Lean projects done in the past year have successfully achieved improvements to our two facilities in Rosetown. Reductions in inventory, storage space and standardized work procedures were completed to ensure the facility followed best practices and focused on resident/client and staff safety.

Emergency Preparedness

The focus for Emergency Preparedness for the year was the revision of all the procedures for responding to Standardized Emergency Codes for each facility so that they reflected current practice. Several of the codes are more generic in nature so the emphasis was on those codes that needed to have staff input and awareness. Code Red was revised and sent out to all facilities. In cooperation with the Care Team Managers, there were follow-up meetings and revisions at the following facilities: Beechy, Biggar Hospital, Biggar Diamond Lodge, Elrose, Kyle, Lucky Lake, Rosetown, St. Joseph's and Unity.

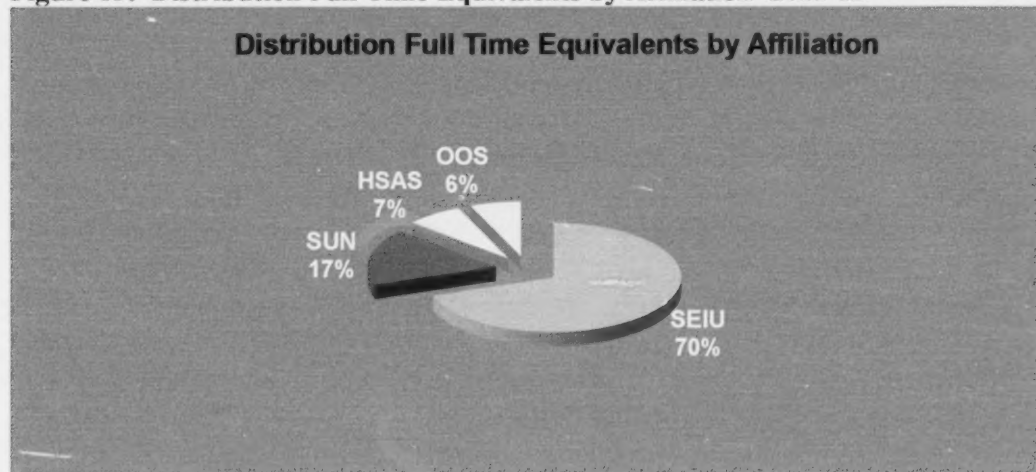
Code White was distributed to all facilities for feedback and awareness. Code Phone System Damage was revised to reflect changes to the eHealth Saskatchewan service desk. Code Orange (Mass Casualty Event) was reviewed and a table-top exercise was conducted.

Business Continuity Planning began in March and will be an initiative to carry forward in the upcoming year. Planning in collaboration with other stakeholders such as oil companies and municipalities is extremely important. There has been excellent cooperation and coordination with the Town of Kindersley Emergency Measures and the Town of Rosetown Emergency Measures. This relationship is also in the initial stages with the Town of Unity. The Kindersley Emergency Medical Officer, Kindersley Health Facility senior staff and EMS met to begin planning for an evacuation scenario. After careful planning takes place, the table-top exercise will eventually lead to a larger-scale event.

Pillar Three - Providers

The Heartland RHA and its affiliate (St. Joseph's Health Centre, Macklin) employed 1,842 people in positions equalling 1,080.24 Full-Time Equivalents (FTEs) in 2011-12 (Figure 13). The majority of employees (773.18 FTEs) belonged to the Service Employees International Union (SEIU), while 187.41 FTEs are represented by the Saskatchewan Union of Nurses (SUN). The Health Sciences Association of Saskatchewan (HSAS) and out of scope (OOS) positions accounted for 79.29 FTEs and 71.06 FTEs, respectively. The region was home to 21 physicians on March 31, 2012.

Figure 13: Distribution Full Time Equivalents by Affiliation- 2011-12



Retention and Recruitment

Professional Development Bursary Program

In July 2011 the Saskatchewan Union of Nurses (SUN) and Heartland Health Region Joint Committee launched the Professional Development Bursary Program. This initiative is intended to encourage Nurse Practitioners (NP), Registered Nurses (RN) and Registered Psychiatric Nurses (RPN) in the region to reach their educational goals as well as meet the identified needs of the region. The Committee set aside \$40,000 to provide two categories of professional development bursaries for SUN members. The first category is for up to \$2,000 each towards successfully completing course(s) in the Operating Room Course, Nurse Practitioner program, or courses towards Nursing Degree/Masters. The second category is for up to \$500 each for nurses who obtain certification in nursing specialties or who have attended any professional development education or conference related to nursing practice.

To date fifteen employees have utilized this program for various educational pursuits. The program will go until July 2014 pending availability of funds.

Mentorship Funding

In July 2010 the Saskatchewan Union of Nurses (SUN) and Heartland Health Region Joint Committee launched the Professional Development Fund for Mentors of New Graduate RNs or Internationally Educated Nurses (IEN). This fund was established to recognize the commitment of those nurses who become mentors to new graduate nurses or IENs and to financially support mentors and their nursing units in their professional development as mentors. Mentors are eligible for up to \$500 funding for each new grad and nursing units are eligible for up to \$500 funding for each new grad nurse or IEN. Five mentors have accessed this funding which is available until July 2012.

Clinical Placements

The Health Region provided 32 clinical placements for students in a wide variety of settings. This is an important recruitment strategy for our region as it highlights the positive aspects of living and working in Heartland. Heartland supported a total of seventeen clinical RN practicums. Four of these nursing students have secured employment with the region in the past year. We also supported the practicums of three Licensed Practical Nurses (LPN) students as well as students in Physical Therapy, Occupational Therapy, Dietitian, and Health Information Management Practitioner (HIMP) programs.

This year the region hosted four first-year medical students to complete clinical observerships through the Community Experience Program. The Kindersley and Rosetown facilities participated in the program by accommodating these students and providing them with mentorship support.

Employee, Physician and Preceptor Recognition

The 2011 Employee and Physician Recognition Events were a success in the month of June. There were 288 of the total 1,817 employees and 26 Physicians of Heartland Health Region recognized for their years of service in our Region. Each employee who reached a milestone with the region was given an award with a letter of recognition from the CEO, Gregory Cummings.

The region offers years of service awards in five year increments. The region had the following number of staff receive long term service awards this year: 73 people received five year recognition, 55 people received ten year recognition, 47 received fifteen year recognition, 54 received twenty year recognition, 29 received twenty-five year recognition, eighteen received thirty year recognition, nine received thirty-five year recognition and three received forty year recognition. These are accomplishments worthy of celebration.

This year we continued to recognize the work of the preceptors in the region. Preceptors were awarded a thank-you letter from the CEO and a gift. It is recognized that a positive experience with a preceptor is central to ensure a positive experience for the student and to ensure quality training for future health professionals.

Employee Engagement

In May of 2011, health care employees across the province were asked for their views and opinions about their workplaces in an Employee Engagement Survey. The Saskatchewan Ministry of Health care system, as part of its ongoing commitment to improving quality workplaces, provided funding for the survey.

Our people truly are our most valuable asset in health care as we are dependent on people (health care providers and support staff) to care for people (patients and their families). It is fitting that the region hears the voice of our employees to understand the drivers of engagement and measure our effectiveness at unlocking the commitment and energy employees need to serve our patients in inspiring ways. Heartland will best serve our patients and our workforce by ensuring our employees are provided with the highest quality employment experience possible. We must be committed to putting people first – people who work for us and people who are served by us – this will complete the circle of people-centered care.

The employee survey measured key areas that are of concern to leaders and employees. These key areas were workplace health and safety, professional growth, work environment, innovation, patient and family centered care, immediate management, teamwork, information and communication, performance feedback, organizational vision, work-life balance, and senior leadership.

Results have been reported by identifying the percentage of responses that were favourable, neutral or unfavourable. Generally under the favourable column a 70% or above is considered good, in the 60%-69% range is acceptable and lower than 60% would indicate the need to investigate further.

Figure 14: Heartland Employee Engagement Survey Results

Area	Favourable*	Neutral	Unfavourable
Overall Engagement	61%	25%	14%
Workplace Health & Safety	81%	11%	9%
Work Environment	71%	12%	17%
Patient and Family-Centered Care	66%	21%	13%
Professional Growth	65%	18%	17%
Innovation	59%	26%	15%
Immediate Management	56%	21%	23%
Teamwork	54%	22%	24%
Performance Feedback	53%	26%	21%
Work-Life Balance	48%	16%	36%
Information and Communications	42%	20%	38%
Organizational Vision	41%	36%	23%
Senior Leadership	40%	33%	28%

**Favourable Score includes survey question responses of agree and strongly agree*

The employee survey also measures overall engagement and job satisfaction. 60% of employees are satisfied with their job.

Details of the Heartland survey results were made available to all regional employees. Employees were then invited to participate in focus groups in order to seek greater clarity on the issues identified through the survey responses. Ongoing steps are to develop and implement action plans in order to inspire higher levels of engagement and work satisfaction. Heartland values the feedback we have received from our staff and are committed to continuously improving its workplace based on survey findings.

Education

Patients and families who require care in Heartland want to know that the healthcare staff that care for them have the knowledge and skills to provide safe and appropriate care. Staff maintain and enhance their knowledge and skills through participation in a variety of in house training and in-services. Some education and training that staff participated in throughout the year are as follows:

- Mandatory education days for Emergency Services staff provide required education for licensure based on Saskatchewan College of Paramedic requirements, which provides standardized education throughout the region. A new initiative begun this year for EMS staff is the safe driving program, conducted by fellow staff who were certified as the regional driving instructors
- Nursing staff in acute, long-term and home care programs participated in sessions offered at sites throughout the region, and conducted by regional educators. These sessions covered a range of clinical nursing skills for acute and long-term care, including foot care, geriatric care, IV Therapy, specific skills associated with life support and emergency care, maternal and newborn care, wound care. Clinical nursing educators have responded to the requests and feedback of regional nursing staff for skill sessions that they felt were needed to work safely and competently in their work environment – an example of this is sessions focusing on advanced airway and vascular access skills (intraosseous) delivered to 102 Registered Nurses throughout the region.
- Provincial education days such as the annual Health Quality Summit. This event provides opportunities for regional staff to learn from their peers in the province, and from excellent keynote speakers with national and international experience on projects and initiatives that improve services for clients. Other provincial workshops and conferences are sponsored by professional associations for nursing, emergency services, community health and diagnostics staff. Specialty workshops attended by staff focused on a specific service or program—nutrition, addictions, children, geriatric care such as dementia, chronic disease conditions such as diabetes, and surgical nursing are also offered throughout the year at various locations throughout the province.
- Falls reduction and injury prevention education related to client safety was required by the Ministry as well as Accreditation Canada. A formal training program was implemented and delivered, and further education occurs as the need is identified.

- Standardized programs that assist in preventing injury to both staff and clients, related to lifting and moving safely, handling violent/difficult behaviors, and working with hazardous substances.
- Heartland continues its journey towards enhancing the delivery of patient and family centered care by encouraging and promoting staff participation in conferences, webinars on this theme as they are offered.
- Challenges faced in delivery and access of education include distance and weather conditions related to travel, limitations in instructor availability and staff time to participate, and the expanding number and variety of educational requirements for education due to licensing, clinical knowledge requirements and updating products and equipment used to provide service to clients. Strategies to improve access and provide timely training that have been offered in this past year include:
 - Online education for staff – Emergency Services staff can now access an online course called “24/7” that provides opportunity for staff to complete part of the mandatory education for licensing. This allows them to complete from their own home or work site computer. First responder training has been increased to one weekend per year to cover mandatory hands-on training as well as monthly sessions, and the 24/7 online education will soon be available for first responders as well.
 - In-region training by regional instructors – Four clinical nurse educators are employed to provide sessions in the communities’ staff are located for a variety of nursing clinical education sessions. A number of emergency services staff provide courses such as CPR and Basic /Intermediate Life Support. Safety programs such as lifting and moving safely and respiratory fit testing rely on certified trainers to provide support and training to staff at their sites. Organizational development courses dealing with communication, respectful behaviours, managing conflict are provided by a variety of trained facilitators and certified staff.
 - Telehealth sites have been expanded to eight sites throughout the region. Additional locations that deliver education through videoconferencing assists in reducing the distances staff would spend in travel and makes the best use of both participant and instructor time. This year, 228 nursing staff participated in Nursing Information System Sessions, which assists them in providing standardized and appropriate documentation of client health information.
 - Regional education days continue to be offered to groups of staff involved in diagnostics, environmental services, nursing and occupational health and safety programs.
 - Access to support for staff to attend events that they identify as important to them, also continues to be available. 130 Heartland employees utilized the \$100 Annual bursary, which provides support for registration costs to on-line courses, regional and provincial workshops and events. In 2011, a new joint funding project involving a partnership with Saskatchewan Union of Nurses (SUN), Ministry of Health and the region, provided funding to SUN members for acquiring

professional development in completing courses in a Nursing Degree, Nurse Practitioner Course or Surgical Nursing, as well as various courses or conferences in nursing specialties. This was utilized by 11 SUN members between October to December of 2011, and in 2012 between January to May, 21 have already applied and been accepted. Funding has been increased in the upcoming year to include leadership and patient/family centered care events.

Volunteer Services

Volunteers are an important part of the services for our clients and their families. You may have found or seen some of our volunteers in action if you needed or experienced:

- Transportation to medical appointment in your community or a nearby city
- A hot meal delivered to your door
- A helping hand and listening ear
- A mentor to support children and families
- A welcome and some wayfaring advice at a surgery , wellness or immunization clinic
- Skilled first response in an emergency
- Fundraising dollars to support local healthcare buildings and/ or equipment
- Entertainment, spiritual Care and recreational activities in long-term care and senior's homes

Our volunteers are among the 13.3 million Canadians who annually contribute 2.1 billion hours in volunteering. Heartland enjoys the services and skills of over 1000 volunteers annually, and time commitments vary between 1 – 500 hours per year. Saskatchewan still leads the nation in possessing the highest number of volunteers, although the number of hours per volunteer are declining. (National Survey of Giving, Participating, Volunteering 2007)

Volunteers contribute in many ways in Heartland, and a number of staff assist in coordinating their efforts by supervising, training, orientating and providing ongoing recognition of the positive difference they make to the people and programs they serve within. Seven volunteer service coordinators are located throughout the region and can be contacted with both requests and inquiries about ways volunteers can get involved!

Occupational Health and Safety

Heartland Health Region supports Mission Zero and a safe and healthy work environment so our employees are ready and able to provide safe patient centred care. We continue to maintain existing programs that reduce risk of harm, support our Occupational Health Committees (OHC) in their activities and identify initiatives for improvement.

The Saskatchewan Association for Safe Workplaces in Health is an organization that has replaced the SAHO Workplace Health and Safety Branch. This organization partners with health care organizations to support health related industry workers and their

employers in preventing workplace injury and illness through education, training and services. Our health region works cooperatively with this organization, Workers' Compensation Board, the Ministry of Health and Saskatchewan Labour Relations and Workplace Safety to work towards a goal of zero injuries for our workers.

Some highlights from the 2011-2012 Fiscal Year:

- The region signed onto the Saskatchewan Safety Charter. Senior leadership signed the Provincial Charter in Saskatoon in June and our CEO and Occupational Health and Safety (OHC) co-chairs signed our region's charter soon after on behalf of all employees. The Charter reaffirms our commitment to a safe and healthy work place.
- The safety program in the region supports the provincial safety initiative through our planning and goal to implement a provincial Safety Management System. Our region is supported by a newly created Saskatchewan Healthcare Safety Association in developing consistent practices among all health regions, which allows for better resourcing and support. Reducing musculoskeletal injuries (MSI) is a focus as it continues to be where most our injuries occur.
- Heartland was a recipient of the Saskatchewan Workers' Compensation Board's Certificate of Achievement for our contributions in making Saskatchewan workplaces safer.
- An Employee Wellness Committee was created and met to discuss initiatives that address areas of opportunity identified in a wellness survey that was completed by staff. Highlighting the excellent resources available under the new Employee Family Assistance Program web site is one awareness activity to be undertaken in the future.
- Two additional Certified Ergonomic Specialists were trained and are completing ergonomic assessments as part of Heartlands Ergonomics Program. Reducing ergonomic risks from the work place continue to be a focus in our injury reduction strategies.

Stepping Forward Safely – What are we doing about Falls Prevention?

In recent years there has been a lot of interest in creating Falls Reduction/Prevention programs in Saskatchewan. The current cost/burden to the provincial health budget due to seniors' falls, fractures and injuries is millions of dollars each year. The region hopes to change this statistic in Heartland and has worked very hard to be a part of a safety focused health system that prevents falls and adverse outcomes to clients, patients, residents and community members.

With this increased focus and awareness on the importance of falls prevention for everyone, programs have been developed and are in the process of implementation within the region, covering many areas of service. These include long term care (LTC), acute care, home care and community services as well as an increased awareness in staff safety.

The Director of Continuing Care Services is the lead with the Falls Reduction team in Heartland. Dinsmore Health Centre was the first pilot project in Heartland Health Region for a Falls Prevention program. The staff in Dinsmore were very helpful in assisting with the development of a program that would work in Long Term Care around the region. In this fiscal year, we were able to meet the Ministry of Health target of falls prevention and injury reduction program in all our LTC facilities by March 31, 2012. The goal is to have the falls program a vital part of everyday activities/practices in all the facilities. The Chronic Disease Nurse in the region has been spending half of her allotted time helping facilities with their fall reduction programs and working with those that are having trouble with falls identify what the common factors contributing to a fall are and how they can work at preventing future falls. The Acute Care falls groups will be developing a program for falls reduction in the near future.

In Home Care, falls education has seen a greater focus. A Home Care Safety Booklet was revised from Saskatoon Health Region and was printed to give out to home care clients in the region. It gives many helpful tips and information on making your home safe from falls. At the end of the fiscal year, the roll out of the home care piece to the regional program is done in approximately half of the region.

The Community group has been running wellness clinics in a number of communities around the region. A number of health care professionals have been going to these clinics to assess seniors for their risk of falling. The group is just finalizing a brochure for the community called "Seniors on the Move—Falls Injury Prevention" with some helpful information about preventing falls in the community. A pilot program for community falls reduction is just finishing up in Rosetown. Following an evaluation, this program will be revised and rolled out to other communities in the region.

Lots of great stuff is happening with falls prevention in the region and province. As the awareness of falls and how they can be prevented grows and becomes a part of everyday lives the incident of falls is bound to decrease!

Employee Wellness Committee

In order to better serve the residents of the health region, it is recognized that the staff of the region need to be healthy in body, mind and spirit as well. Employees from across the region have come together to positively affect their own and co-workers' work, personal health, and relationships with one another and those they serve.



Pillar Four - Sustainability

Transparency and Accountability

Improving transparency and accountability has continued to be a key focus for the region this year. Measures for both progress and outcomes were established to better monitor and assess effectiveness and value for return.

Heartland shared critical information to help the public understand issues affecting the delivery of health services and programs in the region. Monthly meetings of the Authority are open to the public, and local media regularly attended and reported on decisions and discussion. The region also published all public documents, as well as various regional documents on its corporate website.

Capital and Maintenance Improvement Work (VFA)

We have completed all our projects funded through the Ministry of Health for VFA priorities. A total of \$4.3 million was invested across the Region in projects that included roof replacements, flooring, heating ventilation and air conditioning upgrades, handicap door accessibility, and life safety upgrades such as fire alarm, nurse call and security systems.

Eneraction

Heartland Health Region has signed a \$1.5 million contract with Saskpower and Honeywell to provide energy efficient upgrades to twenty-one facilities in the Region. These projects include lighting upgrades, fan retrofits and control upgrades, power factor correction, building envelope sealing, and pipe and tank insulation. The project started in late March of 2012 and is expected to be done by September of 2012.

Capital Repair Funding

The Region received \$740,000 in capital repair funding for 2011-12. Priority projects completed thus far include paving, structural concrete repair, medical vacuum pump replacement. A domestic hot water upgrade is in progress. Several other projects are being priced.

Materials Management

The region continued work on implementing the HealthPro Contracts throughout the year. There have been about 100 new clinical/special services contracts that have been signed on to provincially. HealthPro is a national group purchasing organization that Shared Services contracted in late 2010. HealthPro negotiates contracts at a national level, in turn providing their customers with very competitive contract prices and thoroughly evaluated products. Work continues on implementing the Shared Services Contracts (3sHealth). There have been fifteen of these clinical contracts awarded.

2011 – 2012 Performance Results

The Ministry of Health is responsible for the overall strategic direction of Saskatchewan's health system and Heartland Health Region is responsible for the planning, organization, delivery and evaluation of the health services it provides within our boundaries.

In March 2011 the region developed a plan to focus on six strategic priorities (Hoshins) in the 2011-12 fiscal year to help us meet our Destination 2015 goals and to provide alignment with the provincial health system targets within the Ministry's Strategic and Operational Directives.

Heartland's priorities supported the Ministry's Accountability Document and Pillars for Planning and focused on improving the health of individuals and families, providing clients with the best possible care experience, improving patient experience, working to create healthy workplaces and support safety for all and quality client care.

The Ministry of Health also set annual accountability expectations of Heartland for performance monitoring, regular reporting and performance assessment. In addition, the Ministry's Strategic and Operational Directives (SOD) identified specific measures, targets and initiatives to complement the program expectations within the Accountability Document and the Pillars for Planning.

Here are the highlights of the Heartland Health Region's performance against these strategic and operational directives.

Pillar One – Health of the Individual and Population

Improving the health of individuals, families and their communities and providing clients with the best possible care experience.

Improving the Client/Patient Experience

In keeping with the spirit of the provincial Patient First Review, and aligning with the strategic pillars of the Ministry of Health, the region identified the "client experience" as one of its six strategic priorities with a goal to improve the individual experience by providing exceptional care and services to customers that is consistent with both best practice and customer expectations. Data to measure regional performance on this initiative was sourced from the HQC Patient Experience in Acute Care Survey (Source: HCAHPS) Continuous survey in SK since 2007.

Heartland Health set a target to increase the percentage of **clients rating HHR hospital experience** as 10 on a scale of 1-10 to 37.1% by March 31, 2012. This indicator reflects current best practice in measuring the patients' experience of exceptional care. It is widely used internationally. It also is the best information currently available in Saskatchewan to

respond to the Patients First Review and report on patients' perceptions of their experience of their care in hospital.

The Voice of the Customer

Heartland Health Region continued to participate in the Health Quality Council's Acute Care Patient Experience Survey. This survey evaluates the quality of inpatient acute care by asking clients about their overall experience in our acute care facilities – questions regarding communication, care, environment, and overall experience. The results provide the region with the ability to hear the voice of our customers with the intention of improving patients' experiences with care.

Best Possible Hospital

"The best possible hospital" is a measure of the proportion of patients who rate the hospital where they received their care as a 10 on a scale of 0-10. Throughout the entire timeframe shown, Heartland had a median (37.23) very close to the provincial target of 37.1%. However, between April and August 2011, there was a downward trend, which is signal of change in the data.

Figure 15: Best Possible Hospital



Source: Health Quality Council. Quality Insight 2012. Available: www.qualityinsight.ca Accessed May 22, 2012.

Communication with Nurses

When it comes to patient satisfaction, one of the most important contributing factors is the communication patients receive from their nurses. The composite measure "Communication with Nurses" shows the percentage of 'always' responses to three

questions: "How often did nurses treat you with courtesy and respect? How often did nurses listen carefully to you? How often did nurses explain things in a way you could understand?" Looking at the results, the proportion answering 'always' in Heartland has generally varied between 65% and 80% over the timeframe shown.

Communication with nurses has been identified by patients to be an important aspect of hospital experience reflecting on the quality of the hospital care they received. This measure contributes to our understanding of our progress towards building a "smarter" health care system. HHR set a target to increase the percentage of "Always" responses among all respondents' answers to the three Nurse Communication questions of the HQC Patient Experience in Acute Care Survey to 84.85% by March 31, 2012.

This is one of the core indicators from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. It is a composite measure shows the percentage of "always" responses among all respondents' answers to three questions:

- During this hospital stay, how often did nurses treat you with courtesy and respect?
- During this hospital stay, how often did nurses listen carefully to you?
- During this hospital stay, how often did nurses explain things in a way you could understand?

Figure 16: Communication with Nurses



Source: Health Quality Council. Quality Insight 2012. Available: www.qualityinsight.ca Accessed May 22, 2012.

2011-12 activities included conducting working sessions with local leadership from numerous sites around the Region on strategies for promoting the use of client and staff stories as learning opportunities, and selecting a targeted initiative for improving patient experience through nurse communication in the region's acute care sites.

The region currently orientates all newly hired nursing staff to the importance of communicating with patients. New nursing staff participates in an orientation module that raises awareness about the need for a thorough introduction – name, professional designation, role on the unit – as part of communicating with patients.

To improve on our current performance, additional actions need to be implemented in order to supplement the current orientation process related to nurse communication.

Heartland Health set a target to increase the percentage of clients rating HHR hospital experience as 10 on a scale of 1-10 to 37.1% by March 31, 2012 and as of December 2011 we had a mean of 38%. Heartland's goal in 2011-12 was to increase the percentage of "Always" responses among all respondents' answers to the three Nurse Communication questions to 84.85% by March 31, 2012. As of December 31, 2011 Heartland had a mean of 74.15.

Communication with Doctors

Another very important aspect in patient experience involves the communication patients receive from their doctors. The composite measure "Communication with Doctors" shows the percentage of 'always' responses to the three questions: "How often did the doctors treat you with courtesy and respect? How often did doctors listen carefully to you? How often did doctors explain things in a way you could understand?" Throughout the timeframe shown, the percentage of people responding 'always' in Heartland has generally be steady between 70% and 80%.

Figure 17: Communication with Doctors



Source: Health Quality Council. Quality Insight 2012. Available: www.qualityinsight.ca Accessed May 22, 2012.

Improve Surgical Wait Times

Ensuring timely access to surgical services is a fundamental component of the Ministry of Health's plan to provide patient-centered care. The Saskatchewan Surgical Initiative is a multi-year, system wide initiative to transform the patient surgical experience and reduce surgical wait time to three months in four years. Targets for 2011-12 were established indicating that all patients are offered an option to have surgery within 12 months by March 31, 2012.

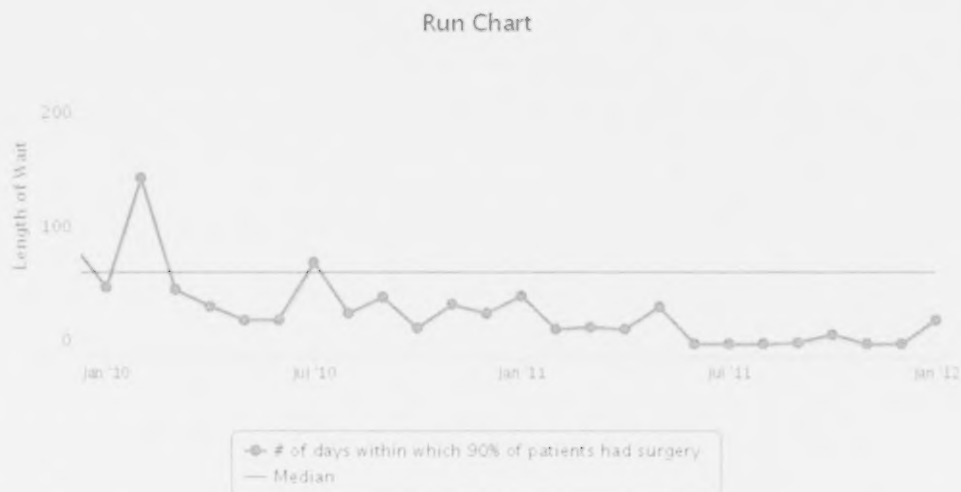
100% of patients requiring surgery performed in Heartland Health Region had their procedure within the twelve month time frame unless there was a specific patient choice to create a situation where their procedure was not completed within the twelve month timeframe (ie, previous surgeries being cancelled/postponed by the patient, patient chose a later surgical date than was initially offered as available). In fact, in 2011-12, Heartland Health Region had only five patients that had waited more than three months and two surgical patients that waited longer than six months for their surgical procedures.

Wait Time for Surgery (90th Percentile)

"The 90th percentile wait time for surgery provides an indication of the length of the wait time for those patients who are among the longest waiters and provides information about the timeliness and accessibility of the system" (Health Quality Council, 2011). The data presents the number of days by which 90% of patients have had surgery performed.

In the last two years, Heartland Health Region has seen a decrease in the number of days patients are waiting for surgery.

Figure 18: Wait Time for Surgery



Source: Health Quality Council. Quality Insight 2012. Available: www.qualityinsight.ca Accessed June 5, 2012.

Percent of Surgery Wait Times Exceeding 12 Months

The following indicator shows the percentage of Heartland patients waiting for surgery that have been on the wait list for more than 12 months and have yet to receive their surgery. Over the past year, there have been no patients in Heartland Health Region waiting longer than 12 months for surgery.

Figure 19: Surgery Wait Time Exceeding 12 Months



Source: Health Quality Council. Quality Insight 2012. Available: www.qualityinsight.ca Accessed June 5, 2012.

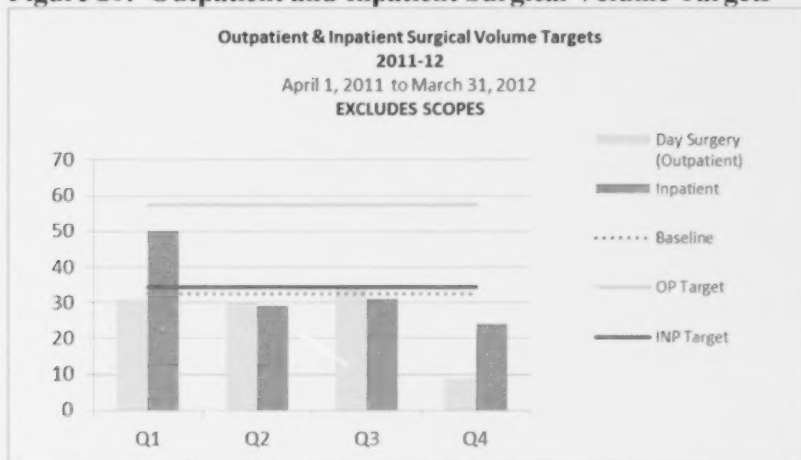
Increase Surgical Volumes

In support of the Saskatchewan Surgical Initiative a multi-year, system wide initiative to transform the patient surgical experience and reduce surgical wait time to three months in four years, Heartland Health Region was provided with additional funding including dollars for capital equipment, home care and occupational therapies staffing enhancements to help meet the targets established for our region. Those targets included increasing the number of inpatient surgeries performed by seven from the baseline funding (130) with a target of 137 inpatient surgeries by March 31, 2012 and increasing the number of outpatient surgeries performed by 100 from the baseline funding (130) with a target of 230 inpatient surgeries by March 31, 2012.

The targeted number of ***outpatient surgeries*** was 230; with a total of 104 outpatient surgeries performed in Heartland. The number of ***inpatient surgeries*** performed was 134 surgeries versus the targeted number of 137. We did not meet the target for either ***inpatient*** or ***outpatient*** surgeries this year.

The region continues to support physician recruitment initiatives and has enhanced Operating Room (OR) Nursing positions through the SUN Partnership Agreement. One Registered Nurse was supported by Heartland and funded by the Ministry of Health to attend the OR-Registered Nurse (RN) training program which commenced in November 2011 and the region has requested additional seats in the OR-RN training program for 2012-13.

Figure 20: Outpatient and Inpatient Surgical Volume Targets



Prevent Surgical Site Infections

Surgical site infection is the most common health care associated infections among surgical patients, with 77% of patients deaths reported to be related to infections. Such infections result in excess hospital days, hospital costs per year and complicate the recovery of many patients. Heartland Health Region set a target to ensure all components of the Surgical Site Infection (SSI) Bundle (Safer Healthcare Now!) which includes recommendations for evidence-based best practices on surgical site infection prevention, were implemented in each site performing surgeries in the region by March 31, 2012.

All components of the SSI Bundle have been implemented in our surgical sites. All policies and procedures, education packages and capital equipment have been put in to place to support best practices on surgical site infection prevention.

Compliance with the Surgical Site Infection Bundle remains a **strategic priority** for Heartland Health Region and the Saskatchewan Health System in 2012/13 and Heartland has now set 2012-13 targets which include that all surgical clients will receive evidence based practice through implementation of treatment pathways including appropriate components of Surgical Site Infection Bundle with 100% compliance by March 31, 2013, and that HHR will conduct one comprehensive audit/follow-up with surgical clients for surgical site infections by March 31, 2013.

Surgical Safety Checklist

Surgical checklists have an important role in the provision of effective and safe surgery. Evidence demonstrates the use of surgical checklists reduces the likelihood of complications following surgery, and may improve surgical outcomes. The use of a surgical safety checklist makes surgical care safer by improving teamwork, communication, and culture, and ensuring adherence to proven standards of care by meeting Accreditation Canada Operating Room Standards.

Heartland Health Region set a March 31, 2012 target that the organization had at least 95% compliance with completing entire checklist for every surgery in each Heartland site performing surgeries by March 31, 2012.

Figure 21: Average Percent of Compliance With Entire Surgical Safety Checklist

Average Percent of Compliance with the Entire Surgical Safety Checklist			2011/12 4 th Qrt Target was 95%
4 th Qrt 10/11	2 nd Qrt results	3 rd Qrt results	4 th Qrt results
86%	78%	86%	96%

Focused improvements were targeted at those areas assessed as consistently unable to perform certain phases of the checklist. Reasons were investigated and system-level corrective action taken.

Compliance with the Surgical Safety Checklist remains a **strategic priority** for Heartland Health Region and the Saskatchewan Health System in 2012/13.

Our organization has set a target of 100% of compliance with the checklist in all surgeries performed in Heartland by March 31, 2013.

Improvement plans are developed to support staff and physicians in reaching that target which include refining the policy and procedures, providing visual signals/reminders to staff in ORs, additional education and information to staff and physicians and the continuance of audits to support improvements and change in practice.

The Ministry of Health is working towards the development of a surgical safety checklist for endoscopy procedures which Heartland will proceed to implement in 2012-13. 100% of surgical cases were audited in the 2nd, 3rd and 4th quarters of 2011-12 and as an organization we reached a compliance rate of 96% by the 4th Quarter.

The Region's surgical programs are available in Kindersley and Rosetown and include services by both Local and Itinerant (visiting) surgeons who provide a range of surgical and diagnostic procedures including General, Orthopedic, Gynecological, Urological and Diagnostic Endoscopy. The Regions Operating Rooms are utilized for booked surgical procedures on an average of twelve to thirteen days per month and are available 24/7 in Kindersley for emergency surgeries. The Region continues to look at how surgical services can align and assist the Province in its plan for transformation of the Surgical Patient Experience including reducing surgical wait time.

Summary of Surgeries

Heartland residents currently experience minimal delays in accessing surgery that is performed in the region. The region's utilization data (Table 4) indicates that there were a total of 1,253 surgeries performed in the region. Of all surgeries reported in the region, 1,106 were Day Surgeries and 147 were Inpatient (IP) Surgeries. There were 572 surgeries in Kindersley (86 In Patient surgeries and 486 Day Surgeries) and 681 in Rosetown (61 In Patient surgeries and 620 Day Surgeries). Overall there was a 10% increase in the number of surgeries done in 2011 from 2010. All surgeries including

diagnostic procedures performed in the surgical suites in the region are included in Table 6.

Table 6: Summary of Surgeries

Number of Surgeries	* 2011			* 2010		
	Kindersley	Rosetown	Total	Kindersley	Rosetown	Total
Inpatient						
Local	46	41	87	90	40	130
Itinerant	40	20	60	58	2	60
Day Surgery						
Local	12	17	29	29	27	56
Itinerant	474	603	1077	385	507	892
Total Surgeries	572	681	1253	562	576	1138

*Exclude non operative day surgeries

*Include c-sections

Falls Prevention

The provincial target for the reduction of falls among Long Term Care (LTC) residents was 20% by March 31, 2012. Heartland Health Region along with all other regions was unable to meet this target for 2011-12. In order to facilitate the goal to reduce falls in LTC facilities the province is implementing the *Safer Healthcare Now! (SHN!)* falls prevention bundle which aims to identify possible risk factors and fall prevention programs. The Health regions in the province requested that the Ministry of Health develop a falls collaborative to assist them in implementing the SHN falls prevention bundle and in achieving the target for reduction. In the Spring of 2011, the Ministry partnered with the Canadian Patient Safety Institute, HQC and SHN! To deliver a Saskatchewan Falls Collaborative targeted falls reduction in both the LTC and home care settings.

Pillar Two – Supportive Processes

Excelling at processes to achieve operational and service excellence

Completing Medication Reconciliation on Admission – Another Step to Improve Patient/Client Safety

Medication reconciliation (MedRec) is a formal process in which healthcare providers partner with patients and their families to ensure accurate and complete medication information on admission to a healthcare setting. MedRec was introduced to Heartland Health Region in 2007 at the Kindersley Hospital. Our region has moved forward immensely with MedRec since its inception at the Kindersley sight. MedRec champions were trained from each facility to initiate and support nurses and physicians with the different steps in the process. With feedback from each MedRec champion, gaps were

identified as healthcare providers learned the new practice and the necessary policies and procedures were created.

To track our success in adopting the MedRec process, a plan needed to be put in place to evaluate our progress and to report back to the Ministry of Health. An audit tool was created in April 2011 and audits have been performed quarterly since then. Acute Care, Long Term Care, and Home Care have been audited for the MedRec process on admission. These audits measure how successful we are at implementing the process. For example, based on audit results, we know the percentage of client admissions where all the key elements of the MedRec process were completed. The results of the audit also provide us with specific feedback as to which steps in the process need improvement. To help with targeted improvement, support has been provided throughout the region where it has been needed in the form of visitations and teaching.

Overall, the results from this past year are positive and encouraging. When MedRec was first introduced there was significant variation in practice across our sites. By focusing on our results and improvements, we have been able to develop a more standardized practice throughout the region. This focus and our ongoing audits will continue to guide us in designing improvement activities to get all of our sites to achieve a high percentage of accuracy. Here are our results for 2011 - 2012:

Figure 22: Percent of HC Clients Receiving Formal Med Rec on Admission

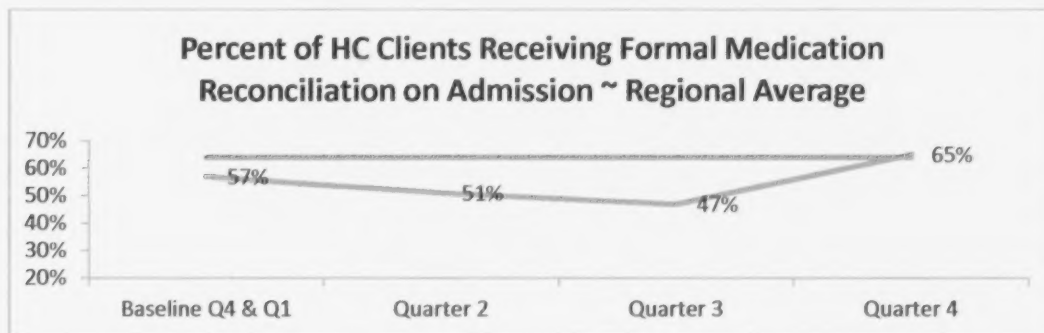


Figure 23: Percent of LTC Clients Receiving Formal Med Rec on Admission

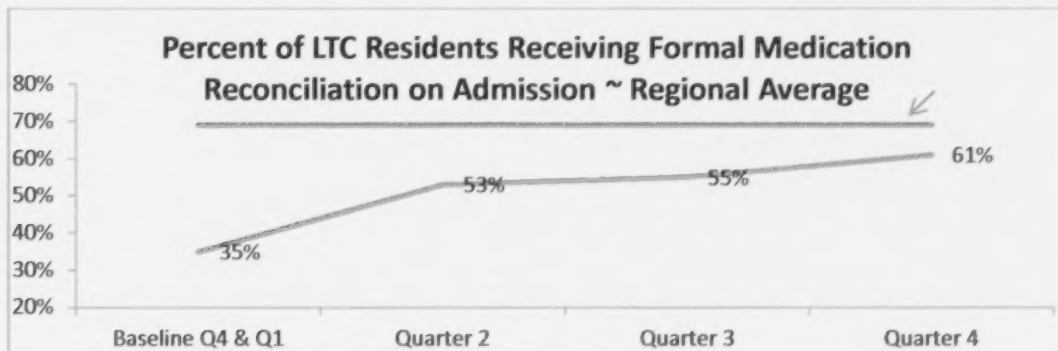
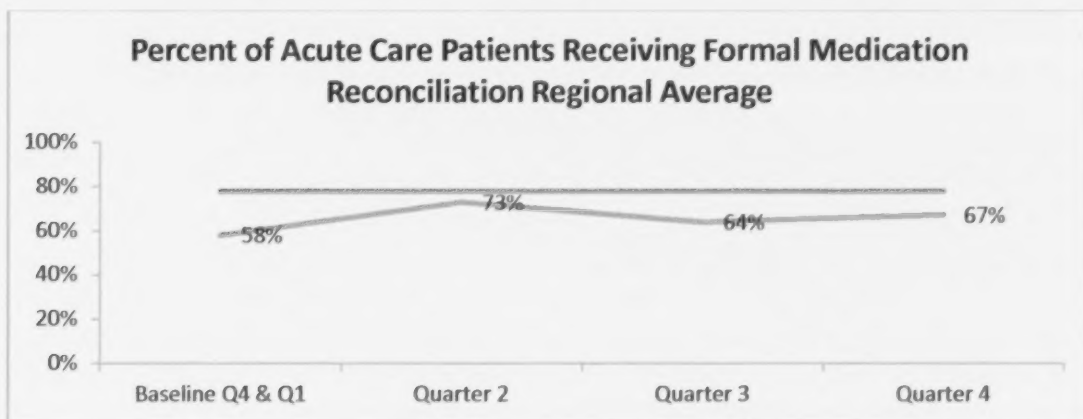


Figure 24: Percent of Acute Clients Receiving Formal Med Rec on Admission



Feeling confident in performing MedRec on admission, we are now moving forward to implementing MedRec process on discharge. MedRec on discharge ensures the patient leaves the hospital or program feeling knowledgeable and comfortable with the prescribed medication regimen. This medication regimen must also be communicated with other involved healthcare personnel. By focusing on our results and testing ideas for improvement – in this case for MedRec – we are working on making our services as safe as possible for Heartland Health Region clients.

Pillar Three - Providers - Goals

Creating healthy workplaces and environments that support safety for all and quality client care

Attendance Management

Numerous studies suggest that healthy workplace environments in healthcare tend to contribute to higher quality services and positive work experiences for providers. To deliver excellent healthcare, providers must be supported by workplace environments that are positive, productive, and safe.

High levels of overtime can result in lower morale and decreased productivity. Prolonged high levels of overtime can result in a workforce becoming dependent on overtime to supplement their income. Overreliance on overtime is also an expensive way to operate a business and should be restricted to situations constituting urgent client need and/or operational necessity.

According to Statistics Canada's Labour Force Survey, healthcare workers are more likely than those in other sectors to miss work due to illness or disability. Sick time can be a key driver of overtime. Heartland Health Region signed the Safety Charter earlier this year pledging to work towards safer workplaces for our employees. Mission Zero is a shared vision of an injury free province.

Sick Leave Costs

SEIU, HSAS and OOS Heartland employees experienced overall a slightly higher number of sick leave hours per Full Time Equivalent compared to the Saskatchewan average (in brackets):

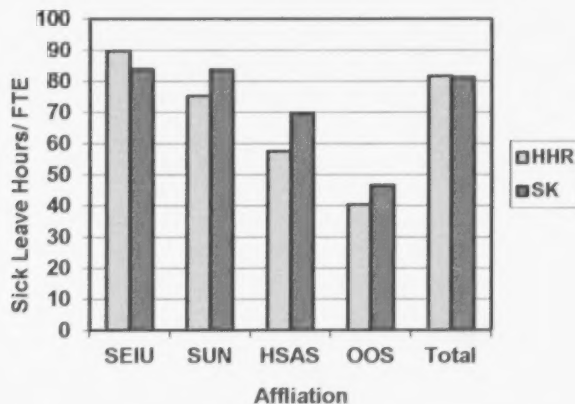
- SEIU: 89.63 hours/FTE (83.77)
- SUN: 75.22 hours/FTE (83.57)
- HSAS: 57.35 hours/FTE (69.45)
- OOS: 40.44 hours/FTE (46.56)
- Total (All affiliations): 81.62 hours/FTE (81.23)

Note: The total of 81.62 hours/FTE of sick leave did not meet the Ministry target of 77.55 hours/FTE.

The region took proactive action to address the shortage of Registered Nurse (RN) relief staffing and to provide permanent RN employment opportunities in order to maintain current health care service levels. Success has been experienced with anticipatory hiring practices such as posting RN relief positions and permanent positions to replace temporary vacancies where it is unlikely the permanent incumbent will return to work. These RN relief positions helped to contribute to a lower number of hours in sick leave

per FTE. The region showed progress in meeting their SUN partnership targets by keeping 184.59 FTEs filled in 2011-2012.

Figure 25: Sick Leave Hours per paid FTE



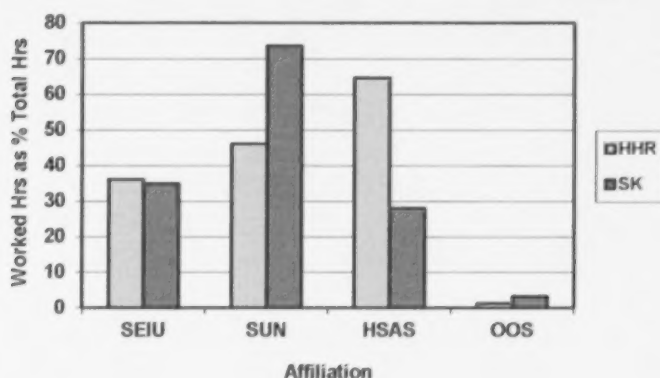
Wage Driven Premium Costs (Overtime and Call Back)

Heartland's wage-driven premium hours (37.68 hours per FTE) remained below the provincial average again this year. The provincial average was 42.32 hours per FTE. SUN was well below the provincial average, mainly due to the RN relief positions created in the region. HSAS was significantly higher than the provincial average. EMS overtime is extremely high in the region, as we have a very small number of employees in all of EMS. When there is a smaller number of employees, the likelihood of overtime becomes greater. The number of wage driven premium hours per FTE positions (overtime and other premiums - Saskatchewan average in brackets):

- SEIU: 36.08 hours/FTE (34.88)
- SUN: 46.07 hours/FTE (73.61)
- HSAS: 64.65 hours/FTE (28.12)
- OOS: 1.22 hours/FTE (3.25)
- Total (All affiliations): 37.68 hours/FTE (42.32)

Note: The total of 37.68 hours/FTE of overtime and call back did not meet the Ministry target of 28.64 hours/FTE.

Figure 26: Wage Driven Premium Hours per paid FTE



Pillar Four – Sustainability – Goals

Managing health care resources to ensure future provision of appropriate services.

Financial Summary

Heartland Health Region ended the 2011-12 fiscal year with a balanced budget, after \$1.59 million in capital commitments including mortgage payments, energy performance contract funding and capital equipment. The total operating revenue for the region was \$97.2 Million. Overall, 87.3% of the operating fund revenue was provided by funding from the Ministry of Health. Previous year comparison of surplus:

Table 7: Operating Surplus

	2012	2011
Operating Surplus after Capital Transfer	\$0	\$ 10,605
Mortgage Payments	\$443,128	\$492,991
Other Capital Transfer	\$1,149,918	\$1,308,633

Highlights of the year include:

- Efficiency Target of \$480,000 in the areas of:
 - Attendance Support
 - Shared Services
 - General Efficiencies
- For general efficiencies the Region worked through travel restrictions, administrative vacancy management, and mortgage refinancing.
- Shared Services

- General procurement savings through provincial contract with HealthPRO savings in the areas of drugs, office supplies and wound care.
- Insurance and Sasktel Mobility savings
- Unbudgeted Collective Bargaining at \$1.22M
 - Additional SUN Partnership 3.66 annualized Full Time Equivalent enhancement
 - The HSAS contract was settled
 - SMA contract
 - SEIU – LPN and SCA reclassifications
- Continued Ministry support for areas including Infection Control, Autism Spectrum Disorder, Enhanced Preventative Dental Service and Quality Workplace.

Expenses were up 5% over 2010-11 and over budget by .31% mainly due to the unbudgeted collective bargaining. About 43% of the operating budget was spent on inpatient and resident services (Acute and LTC), 27% on support services (housekeeping, maintenance, dietary etc.), 9% on diagnostic and therapeutic services, 1.4% on physician compensation and 20% on Community Services.

- Other non-salary variances include:
 - Food- Expenses were over budget and previous year.
 - Travel – Due to unbudgeted Ministry Initiatives
 - Medical/Surgical Supplies ended up over budget and over previous year.
 - Repairs and Maintenance expenses were higher than planned.
 - Utilities – Due to a warm year, there was an unexpected surplus in utilities.
 - Drugs – Overall drug costs were under budget and down from the previous year. Implementation of the unit of use system in some sites has seen lower inventories.
 - X-ray Film costs – Due to the region moving to RIS/PACS in five sites, additional savings in film costs were realized.

The region saw a decrease in empty beds overall (average of 4.5 per month). This is compared to a 7.4 average in 2010-11. Emergency Medical Services revenues were balanced with trips up 70 from 2010-11. Out of province/reciprocal revenues were significantly up over last year due to an increase in rates and visits.

The Region received no capital funding in 2011-12 from the Ministry of Health but did have increased expenditures in the Long Term Care building projects and in purchasing capital equipment.

Shared Services

Health Shared Services Saskatchewan (3sHealth) was formally established in 2011 to

collaborate with the health regions and the Saskatchewan Cancer Agency (SCA) in identifying and implementing selected administrative and clinical support services that could be delivered in a shared services model. By sharing specific functions, the health regions and SCA expect to improve the quality of services provided, lower costs and redirect resources to patient care. The need to achieve efficiencies was identified in the Patient First Review Report in 2009, and directed by Government in the years since. Broad objectives of 3sHealth, in partnership with the health regions and SCA, include creating enhanced value to the health system, improving service quality and lowering the cost curve. Key achievements for 2011-2012 include:

- Establishing 3sHealth, appointing the CEO, and developing the governance structure to direct the strategic and operational objectives. Shared services delivered by the Saskatchewan Association of Health Organizations (SAHO) were assumed by 3sHealth.
- Leveraging additional group purchasing contracts to increase buying power with provincial and national procurement contracts for clinical supplies, resulting in provincial savings of over \$7 million in the past year.
- Automation of purchasing functions through the implementation of software to standardize product lists, track contract pricing or inventory requirements, and reconcile invoices to purchase orders expecting to save \$5 million in the first full year.
- Enhancements to human resource business processes to standardize procedures and enable employees through the implementation of electronic functionality, saving printing and paper costs, and increasing accuracy of information.
- Initiation of work to develop a provincial laundry strategy to enhance quality and infection control standards, achieve efficiencies and secure safe working conditions. It is expected that a solution will be announced later in 2012.

Work focused on group purchasing, automating human resource business processes and a provincial laundry solution will continue in 2012. Additional opportunities for shared services will be analyzed and strategies implemented with a view to achieving a five year target of \$100 million in provincial savings.

Capital Upgrades

Construction has started on the new Long Term Care facility in Rosetown. Quorex Construction has been on site since February and has started to excavate the site and install the piles required for the foundation. Construction estimates at this time have the project completed by late fall of 2013.

The Kerrobert project was tendered in January/February of 2012. The tenders have been opened and evaluated. A recommendation from our architects has been made. A request to award the tender has been forwarded and we await approval to award the contract. The Biggar project working drawings and specifications have been completed. A request to tender this project has been submitted and we await approval to do so.

Future Outlook/Emerging Issues

Physician Resources

Throughout the past year Heartland Health Region, its physicians and its communities have continued to work collaboratively to ensure the residents, clients, and patients of the area have high quality and timely access to physician services. Increasing physician shortages have been a challenge for the people of our communities. There have been coordinated efforts to communicate with stakeholders to address current and future recruitment plans, models of care, and a regional locum program. Physician practices continue to remain private and regional recruitment strategies are largely locally based. However, the region has dedicated resources to support community initiatives, welcome and settle new recruits, and assist applicants through the administrative requirements for immigration and licensure. The region is working with SaskDocs and community recruitment groups to promote primary care transition as a strategy to alleviate the pressure on traditional physician practices.

SaskDocs has continued to identify priority practices to which it will provide support for recruitment of new physicians. Family practices that are located outside of Regina and Saskatoon will receive high priority. In Heartland, this currently includes Biggar, Rosetown, Kindersley, and Outlook. The Agency has taken the approach that practices of less than four physicians are not considered to be sustainable. This means that Heartland communities served by less than four physicians would not receive priority when the agency is recruiting on our behalf. The Authority will need to consider its response to communities that are seeking to recruit to solo practices in the future.

The College of Physicians and Surgeons of Saskatchewan (CPSS) requires that International Medical Graduates (IMGs) seeking to practice as family physicians in Saskatchewan complete a licensure pre-screen checklist prior to making an application for an Eligibility Review. Licensure decisions are the responsibility of the CPSS. Most IMGs will have to successfully complete the Saskatchewan International Physician Practice Assessment (SIPPA) program before being granted a provisional license. The region is also working with SaskDocs in support of initiatives to recruit Canadian trained physicians, but is still largely dependent on international recruiting initiatives at this time.

The College of Physicians and Surgeons of Saskatchewan implemented a new process for assessing the readiness and licensing of internationally trained medical graduates to practice in Canada. With this new process the region has been the beneficiary of four new licenses from this program in 2011-12. We are optimistic that we will continue to see some successful recruits in the coming year, with three new recruits already registered to complete the May SIPPA.

Table 8: Physician Resources

Physician Resources as at March 31, 2012	
General Practitioners - 21	Itinerant Specialists - 23
21 GP Family Physicians	1 Ear, Nose & Throat
• 3 GP Surgeon/Obstetrics / Anesthesia	1 Diagnostics
• 1 GP Surgeon/ Obstetrics	3 Endoscopy
• 1 GP Anesthesia/ Obstetrics	1 Internal Medicine
• 2 GP Obstetrics	Gynecologists/ Obstetricians
	1 General Surgeon
	3 Psychiatrists
	3 Orthopedic
	1 Radiologist
	3 Dentists
	4 Chiropractors

Primary Health

In the past year, allied professionals have begun to provide services in various different ways in order to increase client access and encouraging clients take a more active role in their own health. We have been piloting support programs for heart health, diabetes and chronic obstructive pulmonary disease. As people with these diseases become better at managing the symptoms they are less likely to present at emergency departments with acute episodes thus lessening the financial burden on our health care system.

It is an exciting time to be part of expanding primary health care throughout the province to improve the system we have and to make it sustainable in years to come.

Human Resources

The Heartland Health Region's greatest asset is its human resources – our staff. The Heartland Health Region is very fortunate to have an extremely competent and committed workforce. This workforce has undergone tremendous challenges and changes in the past few years and is well equipped to meet the challenges and changes of the future. The people side of the healthcare system is the most important element in providing quality healthcare services and Heartland employees have continued to dedicate their efforts and enthusiasm to provide quality and compassionate care to the people of the Heartland Health Region.

The Heartland Health Region will continue to focus efforts on retaining existing employees within the system. The strategic Human Resource Strategy also requires a longer-term vision of recruitment involving anticipatory hiring practices by predicting

future staffing needs and planning for recruitment. This strategy requires a “thinking outside of the box” mentality that in some instances will require increased spending in order to attain or retain necessary human resources within the Region’s health care system.

A Culture of Safety

Safety for all continues to be a key strategic goal for the region. Several projects are underway in order to enhance safety throughout the region both for staff and patients alike. Required organizational practises for infection control, Accreditation recommendations such as Medication Reconciliation, and a provincial Senior Falls and Injury Prevention Reduction program will all contribute to a safer region for everyone.

Key to Heartland’s forward motion is the continued evolution of the Culture of Safety in both the organization and the community. The result will be reduced human, organizational and community costs (financial, quality of life, etc.) associated with ‘accidents’, and unintentional injury. Not all of these costs can be measured and financial gains are not immediate.

Quality

The most prominent issue on Heartland Health Region’s most immediate horizon is the development and implementation of a new management system – known as the “Saskatchewan Health Care Management System”. In terms of the Quality Service Portfolio this shift has significant implications, some of which are easy to identify while others are not so clear and quite speculative.

One of the obvious implications of the SK Health Care Management System is the emphasis on tracking and measuring outcomes or performance. The level of discipline and follow-through at the heart of the new system means process and outcome measures are critical. These measures need to be well identified, clearly defined, and easy to measure, track and roll-up if this new system is to provide any value and direction for frontline staff and leaders. Based on our knowledge base and skill set, the Quality Service Portfolio will likely play a key role in assisting with the development of this part of the system.

The adoption of a Saskatchewan Health Care Management System will also lead to an increased emphasis on improvement work. As mentioned, one of staples of this new system will be setting targets and measuring progress. Along with that emphasis will be a focus on corrective actions. Once a project or practice improvement is off target and not on track, corrective measures need to be taken. If performance is not as expected and progress is slow, improvements are needed. Again, this is where the Quality Services Portfolio is likely to play a key role. Much of the expertise in Quality Services centers on problem identification and designing improvements needed for corrective actions.

The focus, discipline and follow-through promised by the Saskatchewan Health Care Management System are a very welcome development. The change management associated with the adoption of such a wide scale initiative will be enormous. While the workload of the Quality Services Portfolio will likely explode with all the change management, measurement and improvement design of this new management system, any initiative promising to increase patient safety and service quality is more than worthy of our time and effort.

Strategy Deployment (Hoshin Kanri)

In 2011-12, the health care system in Saskatchewan began the initiation of a collaborative method of strategy deployment. The goal of this new method of strategy planning is for all health regions to focus and finish breakthrough strategies with the most potential to positively affect health outcomes. This method of strategy deployment empowers all health care employees and physicians to work together on system-wide solutions.



Strategy Deployment means managing an organization's direction or focus. It's a strategic planning and management methodology, based on a concept popularized in Japan, to determine strategic priorities and a deployment strategy to ensure they are achieved. Strategy Deployment and the Continuous Improvement System/Lean are powerful tools for setting targets and reaching goals. The first cycle of our Strategy Deployment has been a valuable opportunity

to take a hard look at priorities and determine must-do-can't-fail initiatives that will help us to reach the overall provincial strategies of **Better Health, Better Care, Better Value and Better Teams**. Health system leaders from Regional Health Authorities, SAHO, the Saskatchewan Cancer Agency, Health Quality Council and the Ministry of Health have worked together to determine the timeframes and best approaches to help ensure we meet our goals.

The 2012 – 13 Health System Plan is the result of the new system-wide strategic planning and deployment process. It was released in March 2012 and is available on the Ministry of Health website. <http://www.health.gov.sk.ca/plan> It replaces the Strategic and Operations Directions document (SOD) that we followed in the past. The Health System Plan outlines a vision for improving access to a health system that provides **Better Health, Better Care, and Better Value** for Saskatchewan people. By building safer and more supportive workplaces committed to patient- and family-centred care, we will enable the development of **Better Teams**.

Better Health, Better Care, Better Value and Better Teams.

These four strategies will guide planning for the Heartland Health Region and the provincial health care system. Together we are aggressively pursuing transformation by:

- *Strengthening primary health care,*
- *Deploying a continuous improvement system (Lean),*
- *Improving surgical access and transforming the surgical experience,*
- *Enhancing our safety culture with a focus on patient and staff safety, and*
- *Implementing Shared Services.*

Figure 27: Vision Triangle for the Ministry of Health



Payee Disclosure Lists

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of \$50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures. The Payee Disclosure Lists for all Regional Health Authorities are available on the Ministry of Health website at www.health.gov.sk.ca.

Payee Disclosure List: Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc., which total \$50,000 or more.

ABBOTT	JEANETTE	77,638	BILAO	SARAH	66,710
ADAMOWSKI	GAIL	100,063	BILLETT	DANA	66,947
ALEXANDER	KRISTA	84,491	BLACK	ASHLEY	63,935
AMES	EVELYN	78,629	BLACKWELL	TAMMY	91,917
AMY	VANESSA	66,110	BLANCHETTE	DEBRA	103,199
ANDERSON	BRENDA	94,997	BLODER	JANET	75,018
ANDERSON	LAURIE	70,957	BLOSKY	ERIC	81,831
ANDERSON	WENDY	50,564	BLOSKY	NICHOLE	66,745
ANDREWS	JACKLIN	79,296	BOKITCH	ALLISON	87,566
ANDREWS	WENDY	51,981	BORINES	CHARISSE	97,134
ANHORN	PATRICIA	80,923	BORNE	RODNEY	82,526
ANTONI	MONA	50,299	BOSCH	STACEY	163,162
ARSENAULT	LEAH	65,790	BOTHNER	CHARLOTTE	88,343
ARSENAULT	RANDY	104,577	BOUCHER	COLLEEN	89,682
ASKILD	JAYNE	70,863	BOWMAN	DEBRA	62,859
BACHMAN	JANET	62,943	BOYCE	ZELLY	76,714
BACHMAN	TAMMY	82,731	BOYLE	ALAN	85,245
BAHM	ROXANNE	67,122	BRADFORD	SARAH	95,958
BAHM	STACY	72,249	BRENNER	RICHARD	96,661
BARKER	BRENDA	52,174	BREWER	DIANE	60,047
BARKER	DOUGLAS	73,593	BRIDGEMAN	ARMINA	58,219
BARTLETT	RHONDA	86,117	BRIGGS	DOREEN	54,100
BASLER	CAROLYNE	67,947	BRIGHAM	WENDY	113,821
BEAMAN	MARILYN	64,997	BROST	THERESA	70,213
BEATON	VIVIAN	59,820	BROWN	BARBARA	92,493
BECKER	CHRISTOPHER	79,468	BROWN	CORINNE	93,795
BECKER	LINDA	99,356	BROWN	SANDRA	72,390
BEESON	DOUGLAS	72,800	BROWN	WANDA	90,900
BENCHARSKI	PATRICIA	101,528	BRUNET	BONNIE	53,927
BENNETT	DIANNE	50,121	BUDD	JANELLE	92,016
BERIAULT	DORIS	87,028	BUECKERT	AUDREY	125,294

BUSCHYNSKYI	RICK	57,242	EAST	AUDRA	95,785
BUTT	SHARON	67,836	EDBOM	ROBERT	116,506
CALLSEN	DEANNA	55,755	EDMONDS	ANNEMARIE	85,896
CAMPBELL	DEANNE	76,875	ELDER	ANGELA	55,495
CAMPBELL	TRINA	89,963	ENDICOTT	MIRANDA	52,048
CARNEGIE	LORENA	70,632	ENGLER	STEPHAN	57,571
CARPENTIER	ROCHELLE	57,142	ERASMUS	THEO	51,152
CATAMBING	MELCHOR	115,307	ESCORPISO	EMELDA	110,226
CHARPENTIER	BARBARA	89,565	ETSELL MCLEOD	ELAINE	92,100
CHARPENTIER	RACHAEL	50,647	EYOLFSON	JILL E	72,984
CHEGUS	DANIEL	59,748	EYRE	GWEN	73,476
CHENEY	ALICIA	111,144	FAGNOU	JULIA	102,421
CHEYNE	JAMES	92,815	FINLEY	KRISTA	78,141
CHOLIN	SHANNON	86,503	FISHER	MARY PAT	93,855
CLARK-WATSON	GLENDA	95,126	FLYNN	RENEE	75,443
COLLINS	DIANE	68,520	FORSYTH	SHARON	104,506
COOL	GLORIA	114,228	FORTIN	CHERYL	70,117
CORDES	SANDRA	57,151	FRANKO	JANELLE	53,556
COWAN	KEITH	77,697	FRERICHS	JENNIFER	86,582
COWELL	BARBARA	105,774	FRIESEN	REIZAH	89,055
COWELL	JAMIE	59,430	FROYSTAD	LISA	58,039
CRANEY	LISA	77,373	FULLERTON	MELISSA	55,104
CRICKETT	VALERIE	109,465	FUNK	MARGARET	50,935
CUMMINGS	GREGORY	236,616	GAFF	JO ANN	63,564
CUPPLES	STEVE	85,042	GARTNER	DIANE	77,686
CUTLER	SHELLEY	57,871	GARTNER	ELSIE	64,877
DAVID	LAURA	80,487	GEDAK	STACEY	77,055
DAVIDSON	JULIE	56,615	GEORGE	DOREEN	92,653
DAVIDSON	LEEANN	118,376	GEREIN	JACKIE	76,291
DEGENSTEIN	ROBERT	82,468	GEREIN	NICOLE	88,806
DEIBERT	KERRY	125,873	GERSTNER	LISA	57,873
DELAINEY	CAMILLE	97,679	GETTE	CHANTELLE	59,331
DEMOISSAC	LORRAINE	55,151	GILLIS	EDITH	59,244
DESROSIERS	CHERYL	51,894	GLASSFORD	CARRIE	106,322
DESROSIERS	WANDA	109,905	GLESSING	CAROLYN	158,102
DIEHL	ERIN	71,775	GOTTFRIED	ADELINE	64,395
DOBSON	JANELLE	60,795	GROTH	JHALENE	61,616
DOLEGA					
CIESZKOWSKI	JADWIGA	75,236	GUTTING	ANDRIA	74,708
DRURY	JANICE	51,448	HABERMEHL	PATRICIA	84,059
DUBRAY	DONNA	51,189	HADUIK	CONNIE	99,740
DUERKSEN	LORETTA J	54,221	HALDE	SERGE	82,178
DUNN	BONNIE	96,033	HALONEN	MELANIE	66,032
DUPUIS	JO-ANN	89,512	HAM	LESLIE	52,855
DYCK	KAREN	51,266	HANKE	BARBARA	54,578
DYCK	MARYANN	63,933	HARDENNE	LINDA	51,162

HARTEMINK	DEBBIE	63,442	KERNOHAN	BEVERLY	94,051
HARTSOOK	REID	59,766	KIRKNESS	BRIAN	60,878
HAUBRICH	KATRINA	90,566	KISSICK	KAREN	68,288
HAUBRICH	SHARON	82,809	KLEIN	BETTY LOU	64,418
HAUG	BEVERLY	52,412	KLEIN	BRIANNE	52,346
HAWKINS	ERIN	74,243	KNORR	GLORIA	64,317
HAYES	BRENT	110,100	KNORR	NANCY	95,578
HAYES	TERRI LYNN	57,404	KOKESCH	MEGAN	87,812
HAZEL	GLENDA	61,974	KOLESNIK	MONICA	95,560
HEALEY	COLLEEN	76,790	KON	DARRYL	50,742
HEALEY	SHERRI	85,535	KON	LEONA	56,261
HEIDT	TRACY	84,484	KON	REBECCA	59,823
HELGASON	DANIELLE	64,842	KOOP	CAROLYN J	95,305
HELMAN	MARIE	73,421	KOSOLOFSKI	PAM	50,206
HERMANSON	RUTH	58,952	KREKOSKI	GAIL	77,992
HESS	ERIN	104,467	KRENTZ	JEANNE	66,138
HIEBERT	ELIZABETH	77,781	KRISTON	ALICE	50,669
HILL	CAROL	112,516	KROGSTAD	VIVIAN	118,068
HILL OUSDAHL	CHARLOTTE	62,060	KRONBERG	DIANE	82,869
HINTHER	CATHY	66,220	KUNTZ	SYLVIA	90,653
HODGINS	SANDRA	82,044	KURULAK MILNE	DEBORAH	104,871
HOEHN	CAROL	70,708	KWASNEY	JENNIFER	63,730
HOEHNE	JENNIFER	65,702	LANGAGER	JUDY	71,153
HOER	FAYE	103,130	LANGE	PATRICIA	100,651
HOFFMAN	LORNA	57,273	LARSON	CAROL	62,855
HOGAN	KAREEN	61,697	LAUGHREN	LAURIE	73,770
HOLLER	BERNIE	82,203	LAVIGNE	BEVERLEY	76,761
HOLTON	IAN	91,374	LEBRUNO	KRISTEN	86,034
HORN	VIRGINIA	98,399	LEGROW	WENDY	61,947
HRYNCHYSHYN	TENEIL	51,575	LENZ	TRACY	64,861
HUBER	CAROL	59,373	LESLIE	LYNN	54,431
HUCKER	GEORGE	77,168	LEWIS	KATHY	107,923
HUSBAND	JUDITH	50,758	LI	ESTHER	69,037
IRELAND	SCHARLENE	92,172	LILBURN	CHRISTINE	125,888
JACKSON	LINDSAY	73,067	LINDEMANN	DEBRA	87,109
JAMES	CARLA	62,538	LOITZ	TERRIE	70,245
JANSEN	SANDRA	65,549	LONGTIN	CATHY	88,570
JANZEN	DOREEN	94,334	LOWENBERGER	MELISSA	75,012
JOHNSON	KATHRYN	71,615	MABBETT	LANA	74,227
JOHNSTON	KIM	106,669	MACKERACHER	DEBBIE	69,042
JONES	KATHY	94,442	MACRAE	JOAN	100,447
KACHUR	JODIE	55,960	MAGNUS	MARILYN	73,135
KALATHIPARAMBIL	SAM	83,159	MAHARAJ	SUBHAS	92,604
KAPELL	KEVIN	74,825	MALCOLM	ANGELA	73,377
KEITH	STEPHANIE	74,010	MARCHUK	ANDREA	86,267
KEMBEL	KELLEY	105,455	MARTENS	KRISTA	58,077

MARTIN	MONANNE	65,775	NICKEL	MELVIN	86,311
MARTIN	SHERRY	55,864	NODWELL	CARLA	85,756
MASSEY	PATSY	68,566	OLFERT	PAMELA	51,774
MATERIALE	LUCIA	59,241	OLSON	CHRISTINE	78,770
MATHERS	ALISON	50,834	OLSON	PATRICIA	72,337
MATLOCK	CAROLYN	69,383	OLSON	SHERRYL	59,246
MAY	CARLA	94,000	OLSON	VICTORIA	56,928
MAZZEI	EVELYN	51,111	OROSZ	SHARLA	67,280
MCBRIDE	COLLEEN	59,527	ORTMAN	ANDREW	77,562
MCBRIDE	JANELLE	67,260	PAJUNEN	SHEILA	156,886
MCCONNELL	SYLVIA	68,655	PANGMAN	AMANDA	90,940
MCCORMICK	ANN	75,877	PAPROSKI	LEANNE	61,215
MCDONALD	BRENDA	99,588	PARK	ALLISON	60,744
MCFARLANE	PATRICIA	77,858	PARK	GLORIA	108,674
MCGREGOR	BREANNE	81,786	PARKINSON	SHIRLEY	96,053
MCINTOSH	MARY	61,490	PICHE	DOROTHY	53,517
MCKENZIE	VALERIE	51,173	PIERREPONT	WAYNE	118,374
MCLACHLAN	JANICE	56,897	POITRAS	CHARMAINE	65,517
MCLEOD	ROSEMARY	53,779	POLETZ	DENISE	57,139
MCPHAIL	MARIE	53,080	PRESCOTT	LANA	93,072
MEIER	KARI	54,081	PRINCE	JOHN	80,466
MERKEL	GORDON	92,494	PROCKNOW	KIM	50,882
MESCALL	AUDREY	61,079	PROCTOR	BONNIE	50,335
MEWIS	LISA	57,008	PURCELL	LINDA	80,567
MEYER	NORMA	84,957	RANKIN	ANNE	82,530
MILLER	E RUTH	112,160	RAYMOND	LORRAINE	65,305
MILLER	KATHY	74,990	READ	RUTH	99,090
MILLER	LAUREN	69,167	REDDEN	DEBBIE	83,623
MILLER	NICOLE	78,571	REMESHYLO	KRISTA	116,079
MILLER	SANDRA	60,204	RENWICK	DEBBI	51,804
MILTON	DEBBIE	100,372	RHODES	CAROL	82,574
MINTO	KIERRA	65,263	RIENDEAU	GAYLE	132,914
MITCHELL	BRENDA	66,618	RINGROSE	CATHY	123,946
MOEBIS	DONNA	60,764	RISSLING	IRENE	50,989
MOORE	BRENDA	63,351	RITCHIE	ADELE	82,001
MOORE	SUSAN	115,937	RITCHIE	DAWN	79,341
MORESIDE	DIANNE	74,513	RITTER	MONICA	75,648
MORESIDE	KAREN	50,696	RITTINGER	MARLENE	71,484
MORRILL	MICHAEL	110,436	RITZ	SUSAN	95,319
MORRIS	HEATHER	87,709	ROBSON	SHELLY	131,738
MOSKALYK	STACY	73,694	RODGERS	MARILYN	75,964
MUNRO	JEANNIE	123,681	ROSZELL	JOAN	87,046
NASH	JOCELYN	63,341	RYAN	CAROL	94,894
NELSON	SHELLY	99,016	RYSAVY	BEVERLEY	91,479
NEUMEIER	BRENDA	56,908	SAATHOFF	KARYN	51,693

SALEWSKI	DANA	59,399	STRUTT	AMBER	59,155
SANVILLE	ANNEMARIE	52,510	SUMIBCAY	JHONY	102,569
SATTELMEIER	YVONNE	65,018	SUN	JENNY	64,097
SAYERS	JENNIFER	67,747	SUTER	DONNA	80,693
SCHAFER	CLAREEN	53,131	SUTHERLAND	DONNA	104,369
SCHIMPF	JOANNE	71,255	SWINSON	ANNABELLE	99,214
SCHMIEDGE	ADRIAN	101,978	SWITZER	GLORIA	64,424
SCHMIT	JAMES	51,124	TAMBOLERO	BOOTS	73,965
SCHOLER	BRENDA	102,206	TAYLOR	JOANNE	92,400
SCHURMAN	JANICE	53,205	TAYLOR	TARA	51,639
SCHWAB	EVA	56,324	TERNES	DALE	105,526
SCHWAB	MICHELLE	51,058	THIESSEN	SHERI	70,261
SCHWARTZ	BERNIE	129,973	THOMPSON	JOAN	52,290
SCOTT	DEBORAH	56,228	THOMSON	CHRISTINA	54,378
SEDGEWICK	LORI	53,290	TIMMERMANS	LISA	65,251
SEIME	REBECCA	56,764	TOLLEFSON	CHRISTINE	70,136
SERFAS	CORALIE	78,169	TORRANCE	CAROLYN	77,147
SERFAS	KAREN	111,214	TORRENS	LORRAINE	50,596
SERFAS	MAUREEN	70,858	TRUMBLY	BETTYANN	105,906
SEYMOUR	DONNE	50,542	TUCKER	JAYLENE	52,994
SHAVER	JOHN-MICH	59,719	UDOH	GLORY	102,517
SIBLEY	TANISLEI	74,730	VAN DYK	ANDREW	76,040
SIMONSON	LYNNE	50,242	VAN SEGGELEN	DEBRAH	56,191
SIMONSON	SUSAN	69,784	VANDERZWAAG	GLORIA	103,678
SINCLAIR	AGNES	90,551	VANTHUYNE	MARLENE	91,598
SINCLAIR	VALERIE	62,046	VAVRA	DONNA	94,724
SITTLER	DAWN	81,581	VERONELLY	YVONNE	56,017
SMITH	COLLEEN	66,853	VOLK	BEVERLEY	76,575
SMITH	DARLENE	86,319	VOLK	DONALD	69,465
SMITH	LEAH	56,931	VOLK	TRACY	50,635
SMITH	SANDY	66,658	VORNBROOK	CURTIS	59,928
SNIDER	HEATHER	83,433	WADE	ALICIA	62,554
SOMERVILLE	KIMBERLEY	95,096	WAGNER	LESLIEANN	95,217
SPERLE	NOLA	68,099	WAITE	DONNA	100,299
SPIGOTT	SHARON	67,134	WAKE	ELLA	53,756
SPROULE	GWEN	74,539	WALKER	EVELYN	73,207
STABBLER	LEONA	53,601	WARKENTIN	SHERI	79,489
STANJEK	DONNA	68,122	WARREN	LYNNE	82,402
STANLEY	LEESA	116,906	WASKO-LACEY	LINDA	159,517
STEVENS	DEBRA	68,758	WEBER	DAWN	89,025
STEWART	WILLIAM	69,809	WEBSTER	JAMES	86,535
STOPANSKI	VALERIE J	80,818	WELLS	BONNIE	73,725
STOREY	CRYSTAL	75,952	WELLS	DERRY	53,070
STORY	TERRI	74,962	WELLS	HAZEL	51,827
STRATTON	CARLA	89,305	WELLS	SHIRLEY	66,457

WELLS	STACEY	88,924	WILSON	DIANNE	77,937
WENDT	ADRIENNE	71,977	WINNY	JOANNE	73,173
WENZEL	KRISTENE	88,403	WINTERHALT	CAROLINE	75,860
WESTBURY	TERRY	64,189	WIPF	JODY	67,536
WESTON	MARLENE	102,811	WYLIE	JACQUELIN	97,705
WIEBE	DIANNE	94,630	YOUNG	LAURIE	50,996
WIENS	CHRISTINE	106,968	YUHASZ	JUANITA	58,029
WIENS	LAURIE AN	74,514	ZAMULINSKI	AUDREY	53,324
WILDEMAN	BERNIE	89,225	ZERR	MARIE	52,459
WILDEMAN	PAULA	63,402	ZIMMER	ANDREA	83,239
WILLIAMS	KATTLYN	55,404	ZIMMER	LISA	63,417
WILLIAMS	MARILYN	55,780	ZLATNIK	KERRI	53,583

Payee Disclosure List: Transfers	
Listed, by program, are transfers to recipients who received \$50,000 or more.	
BRIDGEPOINT	
ST. JOSEPH'S HEALTH CENTRE	568,013
	2,060,498
Payee Disclosure List: Supplier Payments	
Listed are payees who received \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.	
A1 POWER DOOR LTD	328,362
ADVANCED RESPONSE VEHICLES INC.	132,559
ARJOHUNTLEIGH CANADA INC.	99,880
ASSOC. RADIOLOGISTS OF S'TOON	257,837
BECKMAN COULTER CANADA INC.	175,402
BEECHY/DEMAINE EMERGENCY SERVICES	143,764
BOMIMED INC.	70,338
BUNZL CANADA - OAKVILLE	96,374
CAN-MED	51,826
CARDINAL HEALTH CANADA INC.	101,918
CORRECTIONS PUBLIC SAFETY AND POLICING	78,257
CREDIT UNION CREDIT MASTERCARD	53,117
DEMERS, AMBULANCE MANUFACTURER INC.	194,899
DEPARTMENT OF PROPERTY MANAGEMENT	773,060
DR. D. TORR MEDICAL P.C. INC.	180,823
DR. DAVE LEDDING, PROF. MED. CORP	147,053
DR. J.C. COOPER	347,169
EATONIA OASIS LIVING INC.	113,388
ECOLAB INSTITUTIONAL DIVISION	66,496
EHEALTH SASKATCHEWAN	96,253
FLYNN CANADA LTD.	97,636
FORUM CONSTRUCTION SERVICES LTD.	88,515

FRIESEN TOKAR ARCHITECTS	2,330,243
FUTUREMED HEALTH CARE PRODUCTS	186,058
GRAND & TOY	204,052
HEALTH METRIX CANADA INC.	53,390
HILLCOR PROPERTIES	52,238
HILL-ROM CANADA	80,527
HOSPIRA HEALTHCARE CORPORATION	156,638
JOHNSON & JOHNSON	417,270
KCI MEDICAL CANADA INC.	71,973
KIRKPATRICK, KIM	68,806
KPMG	68,255
M.D. AMBULANCE & CARE LTD	119,639
MARSH CANADA LTD.	131,079
MCKESSON CANADA	132,484
MCKESSON DISTRIBUTION PARTNERS	75,995
MEDTRONIC OF CANADA LTD	73,475
MOBILE PAVING LTD.	108,933
NORTH SASK LAUNDRY	485,902
OLYMPUS CANADA INC.	239,451
PHILIPS MEDICAL SYSTEMS CANADA	124,144
PINNACLE DISTRIBUTION INC.	51,289
PLAINSMAN HVAC-R LTD.	66,306
PRAIRIE MEATS	62,141
PRAIRIE NORTH HEALTH REGION	93,291
PREUS ELECTRIC LTD.	227,201
QUOREX CONSTRUCTION	401,678
RCDP / CPDN	158,855
ROCHE DIAGNOSTICS	78,291
SAPUTO DAIRY PRODUCTS CANADA	142,703
SASK ASSOC. OF HEALTH ORGAN.	360,928
SASK ENERGY INCORPORATED	910,819
SASK POWER CORPORATION	850,509
SASK TEL	304,393
SASKATCHEWAN FINANCE	62,813
SASKATCHEWAN REG. NURSES ASSOC	126,027
SCHAAN HEALTHCARE PRODUCTS	897,927
SIMPLEX/GRINNELL	109,266
SOFTCHOICE CORPORATION	233,557
STERIS CANADA INC.	72,995
STUART OLSON DOMINION	150,216
SUCCESS OFFICE SYSTEMS	76,579
SYSCO FOOD SERVICES OF REGINA	991,335
THE STEVENS COMPANY LTD.	99,617
TOWN OF KERROBERT	70,063
TOWN OF KINDERSLEY	83,357

VITAL AIRE	123,809
WILDA WALLACE	52,364
Payee Disclosure List: Other Expenditures	
Listed are payees who received \$50,000 or more for expenditures not included in the above categories.	
CCRA-CANADA PENSION PLAN	2,277,452
CCRA-EMPLOYMENT INSURANCE	1,091,971
HEALTH SCIENCES ASSOC OF SASK	90,096
SAHO - DENTAL PLAN	730,381
SAHO - DISABILITY INCOME PLAN	727,466
SAHO - EXTENDED BENEFITS PLAN	1,641,401
SASK HEALTHCARE EMPLOYEE'S PENSION PLAN	4,673,259
SASKATCHEWAN UNION OF NURSES	284,763
SEIU	570,228
WORKERS COMPENSATION BOARD	1,124,174

Management Report

April 30th, 2012

Heartland Health Region Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Heartland Regional Health Authority. The financial statements have been prepared in accordance with the Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Regional Health Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.



Greg Cummings
Chief Executive Officer



Stacey Bosch
VP of Corporate Services

Financial Statements of

**HEARTLAND REGIONAL
HEALTH AUTHORITY**

Year ended March 31, 2012

INDEPENDENT AUDITORS' REPORT

To the Authority Members

We have audited the accompanying financial statements of Heartland Regional Health Authority, which comprise the statement of financial position as at March 31, 2012, and the statements of operations and changes in fund balances, and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform an audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Heartland Regional Health Authority as at March 31, 2012, and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Chartered Accountants

Saskatoon, Canada

May 18, 2012

HEARTLAND REGIONAL HEALTH AUTHORITY

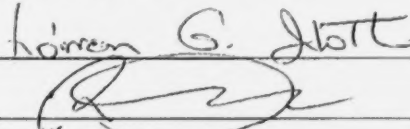
Statement of Financial Position

March 31, 2012, with comparative figures for 2011

		Restricted Funds			
	Operating	Capital	Community	Total	Total
	Fund	Fund	Trust Fund	2012	2011
ASSETS					
Current assets					
Cash and short-term investments (Schedule 2)	\$ 9,789,240	\$ 17,919,196	\$ -	\$ 27,708,436	\$ 31,888,300
Accounts receivable					
Ministry of Health - General Revenue Fund	146,449	-	-	146,449	151,349
Other	867,377	-	-	867,377	940,790
Inventory	1,414,109	-	-	1,414,109	1,371,959
Prepaid expenses	189,793	-	-	189,793	459,581
	12,406,968	17,919,196	-	30,326,164	34,811,979
Investments (Schedule 2)	3,054,795	1,185,611	-	4,240,406	4,538,663
Capital assets (Note 3)	-	40,449,947	-	40,449,947	39,582,934
Total Assets	\$15,461,763	\$ 59,554,754	\$ -	\$ 75,016,517	\$ 78,933,576
LIABILITIES AND FUND BALANCES					
Current liabilities					
Accounts payable	\$ 3,910,072	\$ 39,811	\$ -	\$ 3,949,883	\$ 3,558,936
Accrued salaries	2,387,008	-	-	2,387,008	4,321,747
Vacation payable	6,207,924	-	-	6,207,924	6,159,391
Mortgages payable – Current (Note 5)	-	464,296	-	464,296	442,930
Long term debt - Current (Note 6)	-	25,246	-	25,246	34,601
Deferred revenue (Note 7)	1,260,688	-	-	1,260,688	1,398,866
	13,765,692	529,353	-	14,295,045	15,916,471
Long term liabilities					
Long term debt (Note 6)	-	-	-	-	32,729
Mortgages payable (Note 5)	-	4,967,220	-	4,967,220	5,434,044
Total Liabilities	13,765,692	5,496,573	-	19,262,265	21,383,244
Fund Balances:					
Invested in capital assets	-	34,993,185	-	34,993,185	33,638,630
Externally restricted (Schedule 3)	-	17,150,123	-	17,150,123	20,863,966
Internally restricted (Schedule 4)	-	1,914,873	-	1,914,873	1,351,665
Unrestricted	1,696,071	-	-	1,696,071	1,696,071
Fund balances – (Statement 2)	1,696,071	54,058,181	-	55,754,252	57,550,332
Total Liabilities & Fund Balances	\$15,461,763	\$ 59,554,754	\$ -	\$ 75,016,517	\$ 78,933,576

Commitments (Note 4)
Pension Plans (Note 12)

Approved by the Board of Directors:


Loren G. Stott

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Operations and Changes in Fund Balances

Year ended March 31, 2012, with comparative figures for 2011

	Operating Fund			Restricted			
	Budget 2012 (Note 13)	2012	2011 (Note 11)	Capital Fund 2012	Community Trust Fund 2012	Total 2012	Total 2011 (Note 11)
REVENUES							
Ministry of Health - general	\$ 83,856,730	\$ 84,880,736	\$ 80,544,825	\$ -	\$ -	\$ -	\$ 4,240,000
Other provincial	979,867	608,226	1,070,281	265,218	-	265,218	265,209
Federal government	8,500	14,711	13,127	-	-	-	-
Patient & client fees	9,128,826	9,381,803	9,270,677	-	-	-	-
Out of province (reciprocal)	220,500	596,534	231,917	-	-	-	-
Out of country	10,000	14,568	12,366	-	-	-	-
Donations	-	11,937	84,684	584,986	-	584,986	558,785
Ancillary	93,750	83,370	137,455	-	-	-	-
Investment	201,832	220,281	219,476	288,037	11	288,048	240,142
Recoveries	981,654	1,029,938	1,037,679	-	-	-	-
Other	289,899	376,219	290,182	-	-	-	2,445
Total revenues	95,771,558	97,218,323	92,912,669	1,138,241	11	1,138,252	5,306,581
EXPENSES							
Inpatient & resident services							
Nursing Administration	4,473,897	4,492,835	4,322,047	-	-	-	-
Acute	6,856,934	6,793,965	6,210,684	174,589	-	174,589	168,719
Supportive	8,417,570	8,422,409	8,121,789	109,426	-	109,426	263,297
Integrated	20,977,523	21,374,859	19,812,820	3,785,972	-	3,785,972	3,527,524
Total Inpatient & resident services	40,725,924	41,084,068	38,467,340	4,069,987	-	4,069,987	3,959,540
Physician compensation	1,327,477	1,354,222	1,173,164	-	-	-	-
Diagnostic & therapeutic services	8,955,704	8,669,155	8,329,463	-	-	-	-
Community health services							
Primary health care	934,162	958,715	922,244	3,174	-	3,174	396
Home care	6,618,645	6,807,313	6,517,029	21,858	1,540	23,398	46,826
Mental health & addictions	3,282,951	3,127,203	3,159,131	-	-	-	-
Population health	2,967,903	3,048,038	2,955,644	3,435	-	3,435	3,690
Emergency response services	4,320,754	4,618,797	4,518,005	364,932	-	364,932	349,020
Other community services	437,179	356,256	489,334	-	-	-	-
Total Community health services	18,561,594	18,916,322	18,561,387	393,399	1,540	394,939	399,932
Support services							
Program support	5,877,002	5,828,685	5,761,314	62,452	-	62,452	133,100
Operational support	19,447,360	19,408,765	18,443,546	-	-	-	-
Other support	211,766	207,537	215,716	-	-	-	-
Total Support services	25,536,128	25,444,987	24,420,576	62,452	-	62,452	133,100
Ancillary	221,603	156,523	148,510	-	-	-	-
Total expenses (Schedule 1)	95,328,430	95,625,277	91,100,440	4,525,838	1,540	4,527,378	4,492,572
Excess (deficiency) of revenues over expenses	\$ 443,128	1,593,046	1,812,229	(3,387,597)	(1,529)	(3,389,126)	814,009
Interfund transfers (Note 15)		(1,593,046)	(1,801,624)	1,593,046	-	1,593,046	1,801,624
Increase (decrease) in fund balances		-	10,605	(1,794,551)	(1,529)	(1,796,080)	2,815,633
Fund balances, beginning of year		1,696,071	1,685,466	55,852,732	1,529	55,854,261	53,238,628
Fund balances, end of year		\$ 1,696,071	\$ 1,696,071	\$ 54,058,181	\$ -	\$ 54,058,181	\$ 55,854,261

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Cash Flows

Year ended March 31, 2012, with comparative figures for 2011

	Operating Fund		Restricted Fund			
	2012	2011	Capital Fund 2012	Community Trust Fund 2012	Total 2012	Total 2011
Cash provided by (used in):	Operating Activities		Financing and Investing Activities			
Excess (deficiency) of revenue over expenses	\$ 1,593,046	\$ 1,812,229	\$ (3,387,597)	\$ (1,529)	\$ (3,389,126)	\$ 814,009
Net change in non-cash working capital (Note 8)	(1,320,714)	(2,309,307)	(6,772)	-	(6,772)	2,494
Amortization of capital assets	-	-	4,300,739	-	4,300,739	3,996,935
(Gain) / Loss on disposal of capital assets	-	-	(32,432)	-	(32,432)	31,934
	272,332	(497,078)	873,938	(1,529)	872,409	4,845,372
Purchase of capital assets						
Buildings/construction	-	-	(3,784,416)	-	(3,784,416)	(3,155,521)
Equipment	-	-	(1,525,744)	-	(1,525,744)	(2,069,819)
Proceeds on disposal of capital assets						
Equipment	-	-	174,840	-	174,840	-
Purchase of long-term investments	372,335	(950,574)	(74,078)	-	(74,078)	(28,027)
	372,335	(950,574)	(5,209,398)	-	(5,209,398)	(5,253,367)
Repayment of debt	-	-	(487,542)	-	(487,542)	(1,184,632)
Net increase (decrease) in cash & short term investments during the year	644,667	(1,447,652)	(4,823,002)	(1,529)	(4,824,531)	(1,592,627)
Cash & short term investments, beginning of year	10,737,619	13,986,895	21,149,152	1,529	21,150,681	20,941,684
Interfund transfers (Note 15)	(1,593,046)	(1,801,624)	1,593,046	-	1,593,046	1,801,624
Cash & short term investments, end of year (Schedule 2)	\$ 9,789,240	\$ 10,737,619	\$ 17,919,196	\$ -	\$ 17,919,196	\$ 21,150,681

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2012

1. Legislative Authority

The Heartland Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Heartland Health Region, under section 27 of *The Act*. The Heartland RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies:

(a) Health Care Organizations (HCO)

- i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

- Canadian Mental Health Association (Saskatchewan Division) Inc.
- Bridgepoint Centre for Eating Disorders Inc.

Note 10 b) i) provides disclosure of payments to prescribed HCOs and third parties.

- ii) The following affiliate is incorporated (and is a registered charity under The Income Tax Act of Canada):

- St. Joseph's Hospital of Macklin

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA financial statements. Alternatively, Note 10 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of this affiliate.

(b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2012

2. Significant Accounting Policies (continued)

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from the Ministry of Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2012

2. Significant Accounting Policies (continued)

(c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

(d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Asset	Rate
Buildings	2.5 to 10%
Land Improvements	5 to 12.5%
Equipment	5 to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

(e) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

(f) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2012

2. Significant Accounting Policies (continued)

(g) Pension

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

(h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in revenues or expenses in the period in which they become known.

(i) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Short term bank indebtedness is classified as held-for-trading.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2012 (2011 – none) the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2012

2. Significant Accounting Policies (continued)

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk - affected by changes in foreign exchange rates; Interest rate risk - affected by changes in market interest rates; and Market risk - affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

(j) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2012

3. Capital Assets

			2012	2011
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	\$ 376,482	\$ -	\$ 376,482	\$ 334,724
Land Improvements	684,076	444,421	239,655	50,808
Buildings	70,074,336	42,095,661	27,978,675	29,797,082
Equipment	21,131,930	14,593,289	6,538,641	7,201,933
Construction in progress	5,316,494	-	5,316,494	2,198,387
	\$ 97,583,318	\$ 57,133,371	\$ 40,449,947	\$ 39,582,934

4. Commitments

a) Capital Assets Acquisitions

At March 31, 2012, commitments for acquisition of capital assets were \$21,337,555 (2011 -\$124,641).

The Ministry of Health has provided the RHA with funding to be used to construct three long term care facilities. As at March 31, 2012, a total of \$19,700,000 (2011 - \$19,700,000) in funding has been provided.

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2013	\$ 43,645
2014	30,794
2015	14,948
2016	4,890
2017	2,986

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2012

4. Commitments (continued)

c) Capital Leases

			2012	2011
	Cost	Accumulated Amortization	Net Carrying Amount	Net Carrying Amount
Ambulances under capital lease	141,138	121,139	19,999	71,543
Total	141,138	121,139	19,999	71,543

Assets under capital lease are included in capital assets in Note 3.

The ambulances are amortized on a straight-line basis over the economic life beginning in the year of acquisition.

Minimum annual payments under capital leases on equipment over the full lease term are as follows:

2013	\$ 25,504
Total minimum lease payments	25,504
Amount representing interest	(258)
Balance of the obligation	25,246
Less current portion	(25,246)
Long term portion	-

Equipment under capital lease consists of an ambulance lease, at 4.94% interest expiring February 28, 2013.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2012

4. Commitments (continued)

d) Asset Retirement Obligations

The RHA has identified asset retirement obligations on its facilities for which the fair value cannot be reasonably estimated due to the indeterminate timing and scope of removal. The asset retirement obligation for these assets will be recorded in the period in which there is sufficient information to estimate fair value.

e) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2012. Note 10 b) provides supplementary information on Health Care Organizations.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2012

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding	
			2012	2011
Heritage Manor, Kindersley - CMHC mortgage, Due May 1, 2021	5.02%	\$289,327 principal and interest of which \$89,076 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Sept 1, 2014	\$2,126,960	\$2,305,494
Golden Years Lodge, Elrose - CMHC mortgage due Aug 1, 2025	4.32%	\$71,981 principal and interest of which \$90,000 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Feb 1, 2016	733,470	773,043
Jubilee Lodge, Eston - CMHC mortgage due June 1, 2022	4.17%	\$77,534 principal and interest of which \$17,111 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Oct 1, 2015	646,913	696,515
Diamond Lodge Company Ltd, Biggar - CMHC mortgage due Apr 1, 2019	4.17%	\$78,732 principal and interest of which \$16,419 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Oct 1, 2015	482,723	540,150
Outlook & District Pioneer Home, Outlook - CMHC mortgage due Apr 1, 2021	4.69%	\$58,742 principal and interest of which \$15,700 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Aug 1, 2016	434,651	472,199
Prairie Manor, Dinsmore - CMHC mortgage due Apr 1, 2022	4.69%	\$42,704 principal and interest of which \$11,775 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Aug 1, 2016	343,319	369,375
Lucky Lake & District, Lucky Lake - CMHC mortgage due Oct 1, 2021	4.32%	\$42,330 principal and interest of which \$10,031 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Feb 1, 2016	332,163	359,593
Prairie View Lodge, Davidson - CMHC mortgage due Dec 1, 2020	5.14%	\$46,995 principal and interest of which \$15,107 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Dec 1, 2013	331,317	360,605
			5,431,516	5,876,974
Less current portion			464,296	442,930
			<u>\$4,967,220</u>	<u>\$5,434,044</u>

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2012

5. Mortgages Payable (continued)

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related building of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2013	\$ 464,296
2014	486,910
2015	510,165
2016	534,538
2017	560,082
2018 and subsequent	2,875,525
	<hr/>
	\$ 5,431,516

6. Long Term Debt

Title of Issue	Interest Rate	Annual Repayment Terms	2012	2011
Biggar Ambulance Lease, Saskatchewan Property Management Corp.	4.94%	\$29,597 principal and interest. (Note 4c)	\$ 25,246	\$ 57,366
Outlook Ambulance Lease, Saskatchewan Property Management Corp.	4.85%	Loan paid in full in 2011-2012	-	9,964
			25,246	67,330
Less current portion			25,246	34,601
			<hr/>	<hr/>
			\$ -	\$ 32,729

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2012

7. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Adult Behavioral Management	\$ 2,197	\$ 2,197	\$ -	\$ -
Mental Health Manager	23,281	-	-	23,281
Infant Mortality Risk Program	57,201	57,201	-	-
Primary Health Initiative	12,622	6,000	-	6,622
Professional Development	10,221	3,099	-	7,122
Primary Health Info Service	10,031	-	-	10,031
Aboriginal Awareness	4,729	4,200	10,000	10,529
Quality Health Workplace Initiative	24,962	-	-	24,962
Out of Scope Nurse Manager	89,080	89,080	-	-
Safety Training Initiative	46,273	18,230	-	28,043
Public Health Immunizations	7,000	4,903	11,990	14,087
MDS Support	10,597	10,597	-	-
Autism	-	55,039	71,500	16,461
Recruit Initiative	20,000	-	-	20,000
H1N1 Future Year Commitments	29,000	29,000	-	-
Infection Control	101,646	31,927	150,000	219,719
Surgical Initiatives	326,131	118,097	-	208,034
Saskatchewan Medical Association	66,161	35,011	-	31,150
Patient Family Centred Care	5,028	5,028	-	-
Physician Relocation	15,000	-	-	15,000
HIV Strategy	-	-	1,000	1,000
Preventative Dental Services	-	8,001	29,145	21,144
	\$ 861,160	\$ 477,610	\$ 273,635	\$ 657,185
Non Sask Health Initiatives				
Workplace Wellness	\$ 901	\$ -	\$ -	\$ 901
Evidence Based Decision Making				
Workshop	11,927	-	-	11,927
Kids First Program	85,115	92,667	73,588	66,036
Family & Students Together	23,911	-	-	23,911
Nursing Recruitment Funding	204,788	18,730	-	186,058
LEAN	169,449	108,185	-	61,264
Falls and Injury Prevention	403	357	-	46
Community Inclusive Services and				
Support	41,212	681	25,353	65,884
Preventative Dental Services	-	-	39,950	39,950
Other	-	-	146,480	146,480
Grace Notes	-	-	1,046	1,046
	\$ 537,706	\$ 220,620	\$ 286,417	\$ 603,503
Total Deferred Revenue	\$ 1,398,866	\$ 698,230	\$ 560,052	\$ 1,260,688

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2012

8. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2012	2011	Capital Fund	Community Trust Fund	Total 2012	Total 2011
Accounts receivable	\$ 78,313	\$ (44,500)	\$ -	\$ -	\$ -	\$ 37,161
Inventory	(42,150)	(107,876)	-	-	-	-
Prepaid expenses	269,788	39,364	-	-	-	-
Accounts payable	397,719	(132,003)	(6,772)	-	(6,772)	(34,667)
Accrued salaries	(1,934,739)	(2,383,638)	-	-	-	-
Vacation payable	48,533	488,261	-	-	-	-
Deferred revenue	(138,178)	(168,915)	-	-	-	-
	\$ (1,320,714)	\$ (2,309,307)	\$ (6,772)	\$ -	\$ (6,772)	\$ 2,494

9. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2012 was \$16,620 (2011 - \$17,779). These amounts are not reflected in the financial statements.

10. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2012

10. Related Parties (continued)

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2012	2011
Revenues		
Ministry of Health	\$ 84,880,736	\$ 84,784,825
Saskatchewan Housing Corporation	265,218	265,209
Other	608,226	1,070,281
	\$ 85,754,180	\$ 86,120,315
Expenditures		
Sask Health Care Employees' Pension Plan	\$ 4,673,259	\$ 4,311,964
St Joseph's Hospital of Macklin	2,060,498	2,010,249
SAHO Enhanced Dental/Extended Health Plan	1,641,401	1,614,213
Ministry of Government Services	773,060	658,819
Sask Workers' Compensation Board	1,124,174	959,277
Sask Power Corporation	850,509	829,305
Sask Energy Incorporated	910,819	943,124
SAHO Disability Plan	727,466	724,159
Bridgepoint Centre for Eating Disorders Inc.	568,013	559,618
Saskatchewan Telecommunications	304,393	344,693
SAHO Dental Plan	730,381	715,249
Saskatoon Regional Health Authority	35,694	146,423
Sask Association of Health Care Organizations	360,928	331,110
Beechy Demaine Emergency Services	143,764	119,909
Ehealth	96,253	44,081
Minister of Finance	-	3,480
Other Regional Health Authorities	97,374	72,247
Canadian Mental Health Association (Saskatchewan Division) Inc.	29,684	29,246
Saskatchewan Finance	62,813	42,903
Public Employees Pension Plan	47,476	47,986
SGL Canada Insurance Services Ltd	39,114	37,107
Elrose Ambulance Service	13,498	13,894
Eatonia Oasis Living	113,388	102,703
North Sask Laundry	485,902	541,629
	\$ 15,889,861	\$ 15,203,388

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2012

10. Related Parties (continued)

	2012	2011
Accounts Receivable		
Ministry of Health	\$ 146,449	\$ 151,349
SGL Canada Insurance Services Ltd	2,088	14,554
Saskatoon Regional Health Authority	797	220
	\$ 149,334	\$ 166,123
Prepaid Expenditures		
Workers Compensation	\$ -	\$ 242,805
SGL Canada Insurance Services Ltd	31,169	31,162
	\$ 31,169	\$ 273,967
Accounts Payable		
Sask Health Care Employees' Pension Plan	\$ 660,089	\$ 637,326
Sask Energy Incorporated	387,333	139,745
SAHO Disability Plan	110,346	110,217
SAHO Enhanced Dental/Extended Health Plan	127,529	119,598
Ehealth	8,267	0
Ministry of Government Services	86,086	72,253
St Joseph's Hospital of Macklin	20,748	9,292
Saskatchewan Telecommunications	-	4,748
SAHO Dental Plan	61,034	60,099
Saskatoon Regional Health Authority	609	4,232
Sask Association of Health Care Organizations	18,114	36,178
SGL Canada Insurance Services Ltd	-	28,742
	\$ 1,480,155	\$ 1,222,430

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2012

10. Related Parties (continued)

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, RHA provided the following amounts to prescribed HCOs and Third Parties:

	2012	2011
Bridgepoint Centre for Eating Disorders Inc.	\$ 568,013	\$ 559,618
Canadian Mental Health Association (Saskatchewan Division) Inc.	29,684	29,246
	\$ 597,697	\$ 588,864

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over its affiliate by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resources and finance/administrative functions with some affiliates.

The following presentation discloses the amount of funds granted to each affiliate:

	2012	2011
St. Joseph's Hospital of Macklin	\$ 2,060,498	\$ 2,010,249
	\$ 2,060,498	\$ 2,010,249

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2012

10. Related Parties (continued)

b) Health Care Organizations - continued

ii) Affiliates - continued

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entity for the years ended March 31, 2012 and 2011.

	2012	2011
Statement of financial position:		
Assets	\$ 530,523	\$ 676,796
Net capital assets	2,549,961	2,551,276
	\$ 3,080,484	\$ 3,228,072
Total liabilities	\$ 305,263	\$ 318,990
Total fund balances	2,775,221	2,909,082
	\$ 3,080,484	\$ 3,228,072
Results of operations:		
RHA grant	\$ 2,060,498	\$ 2,010,249
Other revenue	427,375	405,019
Total revenue	2,487,873	2,415,268
Salaries and benefits	\$ 2,054,763	\$ 1,942,116
Other expenses	566,971	501,977
Total expenses	2,621,734	2,444,093
Excess/ (deficiency) of revenue over expenses	\$ (133,861)	\$ (28,825)
Other expenses includes amortization of \$146,015 (2011 - \$134,704).		
Cash flows:		
Cash from operations	\$ (42,621)	\$ (72,963)
Cash used in investing activities	(132,757)	(6,573)
Increase/ (decrease) in cash	\$ (175,378)	\$ (79,536)

Cash used in investing activities includes capital purchases of \$144,700 (2011 - \$112,324).

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2012

11. Comparative Information

Certain 2010-11 balances have been reclassified to conform to the current year's presentation.

12. Pension Plans

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) – This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).
2. Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	SHEPP ¹	PEPP	2012 Total	2011 Total
Number of active members	1,356	10	1,366	1,388
Member contribution rate, percentage of salary	7.70-10.00%*	5.00-7.00%*		
RHA contribution rate, percentage of salary	8.62-11.20%*	6.00-7.00%*		
Member contributions (thousands of dollars)	4,172,556	46,544	4,219,100	3,897,198
RHA contributions (thousands of dollars)	4,673,259	47,476	4,720,735	4,359,950

* Contribution rate varies based on employee group.

1. Active members are employees of the RHA, including those on leave of absence as of March 31, 2012. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

13. Budget

The RHA approved the 2011-2012 budget plan on June 1, 2011. Subsequent to budget approval, contract compensation adjustments totaling \$1,224,839 were added to the budget for both revenue and expenses.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2012

14. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of RHA's receivables are from the Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
 - Accounts receivable
 - Accounts payable
 - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year, is \$3,322,797 (2011 - \$3,681,184) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2012

15. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2012			2011		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	\$ (596,624)	\$ 596,624	\$ -	\$ (769,296)	\$ 769,296	\$ -
Energy Performance Contract	(553,294)	553,294	-	-	-	-
Mortgage Payments	(443,128)	443,128	-	(492,991)	492,991	-
Mortgage Payouts	-	-	-	(447,827)	447,827	-
Other	-	-	-	(91,510)	91,510	-
	\$ (1,593,046)	\$ 1,593,046	\$ -	\$ (1,801,624)	\$ 1,801,624	\$ -

16. Energy Renewal Project

Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduce energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. *SaskPower Energy Solutions* performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. Any additional savings are calculated and verified by methods established in the contract and are applied to the loan. The RHA entered into a guaranteed energy performance savings contract with *SaskPower Energy Solutions Company*.

The total cost of the energy performance contract is \$1,553,294. As of March 31, 2012 operating fund to capital fund transfers were restricted to cover \$553,294, while the rest of the project will be financed with a \$1,000,000 commercial term loan disbursed on May 1, 2012. The commercial term loan will bear interest at a rate of 4.48% and be amortized over a period of 15 years.

17. Future Accounting Changes

The Canadian Institute of Chartered Accountants approved an amendment to require Government Not-For-Profit Organizations reporting under section 4400 of the CICA handbook to move to reporting under section 4200 to 4270 of the Public Sector Accounting Handbook. This change is effective for fiscal years beginning on or after January 1, 2012. At that time a liability will be required to disclose an amount for accumulated sick leave. The amount of the liability requires an actuarial assessment. The impact of this change cannot be determined at this time.

18. Pay for Performance

Effective April 1, 2011 a pay for performance compensation plan was introduced. As a result, senior employees were paid 90% of their base salary for the fiscal year ended March 31, 2012. Senior employees are eligible to earn up to 110% of their base salary. The amounts over 90% of base salary are considered 'lump sum performance adjustments'. Lump sum performance adjustments have not been determined for the year ended March 31, 2012 because information required to assess senior management's performance is not yet available. The performance adjustments for the 2011-12 fiscal year will be paid out in the 2012-13

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2012

fiscal year.

	Budget 2012	Actual 2012	Actual 2011
Operating:			
Advertising & public relations	\$ 138,172	\$ 113,480	\$ 151,478
Board costs	103,660	102,203	102,481
Compensation - Benefits	12,257,468	12,513,634	11,923,372
Compensation - Salaries	65,061,348	64,848,911	61,519,467
Continuing education fees & materials	148,507	150,737	144,474
Contracted-out services - Other	781,547	705,294	699,723
Diagnostic imaging supplies	101,103	59,563	97,674
Dietary supplies	132,866	136,963	130,008
Drugs	721,446	677,131	717,763
Food	1,362,295	1,425,431	1,336,695
Grants to ambulance services	98,025	117,754	98,025
Grants to health care organizations & affiliates	2,671,207	2,649,709	2,526,139
Housekeeping & laundry supplies	611,446	569,593	635,309
Information technology contracts	363,500	373,870	289,802
Insurance	252,746	248,661	280,305
Interest	8,800	11,732	8,332
Laboratory supplies	650,988	707,248	618,713
Medical & surgical supplies	1,114,775	1,242,113	1,067,982
Medical remuneration and benefits	1,346,424	1,319,295	1,174,536
Meetings	51,947	58,392	37,492
Office supplies & other office costs	595,117	623,320	596,451
Other	426,039	482,031	440,417
Professional fees	756,767	678,322	832,929
Purchased salaries	239,325	189,901	154,796
Rent/lease/purchase costs	909,125	1,037,228	1,027,872
Repairs and maintenance	1,348,467	1,609,152	1,462,697
Supplies - Other	199,347	178,096	252,232
Therapeutic supplies	28,146	16,450	19,639
Travel	793,630	864,494	783,504
Utilities	2,054,197	1,914,569	1,970,133
	\$ 95,328,430	\$ 95,625,277	\$ 91,100,440
Restricted:			
Amortization		\$ 4,300,739	\$ 3,996,935
(Gain) / Loss on disposal of fixed assets		(32,432)	31,934
Mortgage interest expense		261,079	326,279
Other		(2,008)	137,424
		4,527,378	4,492,572
		\$ 100,152,655	\$ 95,593,012

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

As at March 31, 2012

	Fair Value	Maturity	Effective Rate
Restricted Cash and Investments			
Cash and Short Term			
Chequing and Savings:			
RBC Dominions Securities	\$ 279		
Prairie Centre Credit Union - Rosetown	17,628,601		
	17,628,880		
Short Term Investments:			
CPN - Prov of Ont	9,991	05/03/2012	3.83%
CPN - Prov of Ont	54,614	11/03/2012	3.35%
GIC - Home Trust Company	74,299	05/04/2012	4.45%
GIC - ING Bank of Canada	82,667	12/17/2012	4.11%
GIC - Pacific & Western	68,745	05/04/2012	4.42%
	290,316		
Total Cash & Short Term Investments	\$ 17,919,196		
Long Term			
CPN - Prov of Ont	\$ 9,660	05/03/2014	3.83%
CPN - Prov of Ont	9,423	05/03/2015	3.83%
CPN - Prov of Ont	9,849	05/03/2013	3.83%
GIC - AGF Trust	89,555	02/18/2015	3.17%
GIC - B2B Trust	92,825	02/02/2015	2.25%
GIC - Bank of Montreal	87,214	12/17/2013	4.70%
GIC - Bank of Nova Scotia	67,056	07/21/2013	4.70%
GIC - Canadian Tire Bank	22,966	12/17/2013	4.30%
GIC - Canadian Tire Bank	64,408	11/04/2013	4.75%
GIC - Canadian Western Bank	94,946	11/27/2014	3.20%
GIC - HSBC Bank	70,722	06/09/2015	3.65%
GIC - ICICI Bank	55,603	02/18/2016	2.78%
GIC - LBC Trust	94,838	11/27/2014	3.15%
GIC - Manulife Bank	57,207	11/05/2015	2.85%
GIC - Manulife Trust	92,796	02/03/2014	2.05%
GIC - NatCan	89,836	02/18/2016	3.46%
GIC - NatCan	81,653	02/18/2016	3.03%
GIC - Resmor Trust Company	95,054	11/27/2014	3.25%
	1,185,611		
Total Restricted Cash and Investments	\$ 19,104,807		

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

As at March 31, 2012

	Fair Value	Maturity	Effective Rate
Unrestricted Cash and Investments			
Cash and Short Term			
Affinity Credit Union - Davidson	\$ 30,726		
Alterna Investment Svgs	685,963		
Biggar Credit Union	59,462		
CIBC - Lucky Lake	10,461		
Co-Op Equity Accounts	45,703		
Dundee Investment Savings	69,116		
GIC - Coast Cap	454,805	08/31/2012	2.02%
Innovation Credit Union - Wilkie	21,425		
Kerrobert Credit Union	331,503		
Petty Cash	7,940		
Prairie Centre Credit Union - Rosetown	6,952,305		
Synergy Credit Union - Kindersley	47,059		
Unity Credit Union	31,456		
	8,747,924		
Term Deposits			
Prairie Centre Credit Union - Rosetown	1,041,316	11/05/2012	2.05%
Total Cash and Short Term Investments	\$ 9,789,240		
Long Term Investments			
GIC - Coast Cap	\$ 457,457	09/02/2013	2.40%
GIC - Cdn Western Bank	254,968	08/29/2013	2.00%
GIC - Cdn Western Bank	255,116	08/29/2014	2.10%
GIC - Cdn Western Bank	787,384	03/24/2014	2.55%
GIC-General Bank of Canada	254,893	08/29/2013	1.95%
	2,009,818		
Term Deposits			
Prairie Centre Credit Union - Rosetown	1,044,977	10/19/2013	1.85%
	3,054,795		
Total Unrestricted Investments	\$ 12,844,035		
Total Cash and Investments	\$ 31,948,842		
Restricted investments include: community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and replacement reserves maintained under mortgage agreements with Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4).			
Restricted and Unrestricted Totals			
Total Cash & Short Term Investments		\$	27,708,436
Total Long-Term Investments			4,240,406
Total Investments		\$	31,948,842

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Externally Restricted Funds

Year ended March 31, 2012, with comparative figures for 2011

COMMUNITY TRUST FUND EQUITY

	Balance			Investment &			Balance
	Beginning of Year	Donations		Other	Expenses	Withdrawals	End of Year
Trust Name:				Revenue			
Greenhead District Home Care	\$ 1,529	\$ -	\$ 11	\$ (1,540)	\$ -	\$ -	-
Total Community Trust Fund	\$ 1,529	\$ -	\$ 11	\$ (1,540)	\$ -	\$ -	-

CAPITAL FUND

	Balance			Other Capital		Transfer to	Balance
	Beginning of Year	Donations		Revenue, Net	Expenses	Investment in Capital Asset Fund	End of Year
RESTRICTED DONATIONS:				of Expenses			
Biggar Hospital	\$ 36,688	\$ 16,077	\$ -	\$ -	\$ (2,461)	\$ 50,304	
Biggar Diamond Lodge	34,491	25,293	1,024	-	(5,243)	55,565	
Eatonia	118	-	1	-	-	119	
Kerrobart	1,699	3,675	21	-	(4,901)	494	
Kindersley	11,516	81,827	74	-	(69,490)	23,927	
Rosetown	128,719	304,594	674	-	(258,363)	175,624	
Unity	36,654	8,450	342	-	(5,739)	39,707	
Outlook	2,849	10,777	87	-	(6,341)	7,372	
Beechy	1,295	-	16	-	-	1,311	
Davidson	9,307	68,297	17	-	(72,088)	5,533	
Dinsmore	17,559	(725)	243	-	-	17,077	
Elrose	12,666	14,220	151	-	(13,667)	13,370	
Eston	975	17,168	24	-	(15,606)	2,561	
Kyle	303	6,530	1	-	(6,530)	304	
Milkie	562,739	5,629	24,312	-	(6,658)	586,022	
EMS	54,327	20,950	904	-	-	76,181	
Home Care	16,999	450	122	-	(2,271)	15,300	
Addictions	100	-	1	-	-	101	
Region Education	13,602	500	174	-	-	14,276	
Region Equipment	56,975	(1,266)	731	-	-	56,440	
Population Health	500	2,540	30	-	-	3,070	

RESTRICTED CAPITAL FUNDING

Equipment Funding	559,292	-	-	-	(281,937)	277,355
Diagnostic Equipment	12,734	-	-	-	-	12,734
Safety Equipment	32,859	-	-	-	(13,437)	19,422
Block Funding	755,077	-	-	-	(368,145)	386,932
VFA Funding	421,526	-	-	-	(421,526)	-
Long Term Care Building Projects	17,962,454	-	208,293	-	(3,032,741)	15,138,006
EMS Radios	19,722	-	-	-	-	19,722
Other	98,692	-	58,482	-	(5,880)	151,294
Total Capital Fund	\$ 20,862,437	\$ 584,986	\$ 295,724	\$ -	\$ (4,593,024)	\$ 17,150,123

TOTAL EXTERNALLY

RESTRICTED FUNDS	\$ 20,863,966	\$ 584,986	\$ 295,735	\$ (1,540)	\$ (4,593,024)	\$ 17,150,123
------------------	---------------	------------	------------	------------	----------------	---------------

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Internally Restricted Fund Balances

Year ended March 31, 2012, with comparative figures for 2011

	Balance Beginning of Year	Investment Income Allocated	Transfer between Internally Restricted Funds	Annual Allocation from Unrestricted Fund	Transfer from Operating Fund	Transfer to Investment in Capital Asset Fund	Balance End of Year
SHC Replacement Reserves							
Biggar Diamond Lodge	\$ 87,890	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 87,890
Outlook Pioneer Home	55,270	-	-	-	-	-	55,270
Kindersley Heritage Manor	224,880	-	-	-	-	-	224,880
Davidson Prairie View Lodge	179,250	-	-	-	-	-	179,250
Elrose & District Health Centre	74,000	-	-	-	-	-	74,000
Eston Jubilee Lodge	144,320	-	-	-	-	-	144,320
Total SHC	765,610	-	-	-	-	-	765,610
Other Internally Restricted Funds							
Appropriated for Other	586,055	-	-	-	1,039,752	(657,815)	967,992
Energy Performance Contract	-	-	-	-	553,294	(372,023)	181,271
Total Internally Restricted	\$1,351,665	\$ -	\$ -	\$ -	\$ 1,593,046	\$ (1,029,838)	\$1,914,873

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Board Remuneration

Year ended March 31, 2012, with comparative figures for 2011

RHAMembers	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2012 Total	2011 Total
Anderson Richard - Chairperson	\$ 9,960	\$ 8,738	\$ 3,791	\$ 4,932	\$ -	\$ 1,093	\$ 28,514	\$ 30,679
Ilott, Lorreen	-	3,644	1,188	2,152	-	186	7,170	7,932
Allan, Gary	-	600	250	327	-	-	1,177	4,937
Goring, Loretta	-	4,688	875	1,759	-	-	7,322	5,388
Groves, Gary	-	3,388	725	1,510	-	13	5,636	3,825
Leys, Lyle	-	1,700	269	531	-	-	2,500	3,700
Lorenz, Hazel	-	2,600	770	1,625	-	120	5,115	4,304
MacDougall, Richard	-	-	-	-	-	-	-	1,873
Rankin, Lyle	-	2,200	450	805	-	85	3,540	4,187
Siemens, George	-	2,625	649	1,256	-	-	4,530	5,503
Sittler, William	-	-	-	-	-	-	-	976
Whittles, Mary-Lou	-	4,892	1,859	3,487	-	268	10,506	11,384
TOTAL	\$ 9,960	\$ 35,075	\$ 10,826	\$ 18,384	\$ -	\$ 1,765	\$ 76,010	\$ 84,688

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Senior Management Salaries, Benefits, Allowances and Severance

Year ended March 31, 2012, with comparative figures for 2011

Senior Employees	Salaries ¹	Vacation Payout ^{1,3}	Sub-total (Total Salaries)	Benefits and Allowances ²	Severance Amount	Total 2012	Salaries, Benefits & Allowances ^{1,2}	Severance	Total 2011
Cummings, Gregory - President/CEO	\$ 235,091	\$ -	\$ 235,091	\$ 1,525	\$ -	\$ 236,616	\$ 261,383	\$ -	\$ 261,383
Sproxtton, Lefa - Interim CEO	-	-	-	-	-	-	22,036	-	22,036
Bosch, Stacey - VP of Corporate Services	155,325	7,082	162,407	755	-	163,162	179,256	-	179,256
Glessing, Caroline - VP of Primary Health Services (ending December 31, 2011)	158,102	-	158,102	-	-	158,102	171,606	-	171,606
Mumo, Jeannie - VP of Primary Health and Quality Services (effective January 1, 2012)	38,317	-	38,317	-	-	38,317	-	-	-
Pajunen, Sheila - VP of Human Resources	156,886	-	156,886	-	-	156,886	171,919	-	171,919
Riendeau, Gayle - VP of Health Services (effective January 1, 2012)	47,366	-	47,366	194	-	47,560	-	-	-
Wasko-Lacey, Linda - VP of Quality Services (ending December 31, 2011)	121,278	-	121,278	-	-	121,278	173,748	-	173,748
Ledding, Dr. David - Sr. Medical Manager	147,053	-	147,053	-	-	147,053	120,000	-	120,000
Pierrepoint, Wayne - Director of Environmental Services	112,976	4,333	117,309	1,065	-	118,374	113,398	-	113,398
Total	\$1,172,394	\$ 11,415	\$1,183,809	\$ 3,539	\$ -	\$1,187,348	\$ 1,213,346	\$ -	\$1,213,346

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. Senior employee salaries were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance adjustments have not been determined for the year ended March 31, 2012 and will be reflected in the year paid. Refer to Note 18 for further details.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. as well as any other taxable benefits.

3. New Out of Scope contract allows for 5 days vacation carry over.